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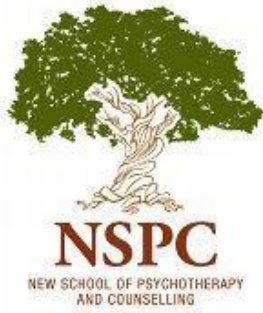
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A Phenomenological Study of Female Therapists' Experience of the Intersubjective Dimension within the Therapeutic Encounter

Submitted to the New School of Psychotherapy and Counselling and Middlesex
University Psychology Department in partial fulfilment of the requirements for
the Degree of DCPsych in Counselling Psychology and Psychotherapy

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Abstract

Aim: The aim of this research is to study how female psychotherapists and counselling psychologists experience the embodied intersubjective aspect of the encounter with their clients and how the awareness of this intersubjective embodiment impacts on them and their therapeutic practice. This project is relevant to the field of psychotherapy and counselling psychology as this dimension is the ground on which therapy happens. A better understanding of this aspect of the encounter give us a better understanding of the therapeutic process.

Methodology / Design: A hermeneutic phenomenological methodology was selected for this study. Finlay's and Evans' (2009) relational centred approach was chosen as a method. Unstructured interviews were conducted with seven female psychotherapists from different therapeutic modalities; they all had an experience of the phenomenon researched and an interest in the topic. Two methods of analysis were used: narrative and thematic.

Findings: Therapists use themselves in the service of clients by allowing themselves to be affected by them and by bringing as much awareness as possible to their embodied responses. Through their continually changing experience therapists can get a sense of their client and of their dynamic relation with them. They access a form of knowledge that is direct and other-than cognitive. In order to trust and use their embodied experience as a compass to navigate the encounter, therapists need to know themselves, their personal ways of inhabiting their body and the world.

Research Limitations: A homogenous and purposive sample was chosen for this research meaning that this project does not account for therapists not working with this dimension of encounters. With the method used, the embodied intersubjective relation between researcher and co-researchers is the main way to access the other's experience. In such framework, the researcher's bias and assumptions can become a limitation.

Conclusions / Implications: This research shows how therapists use our fundamental embodied interconnectedness in the service of clients. It makes an under discussed way of practicing more visible within the psychotherapy field. Findings challenge current ideas on boundaries in the therapeutic relationship as well as on the therapist' role and raise important questions that may ultimately influence the development of training and practice.

Key Words

Embodied Intersubjectivity, Embodied Dialogue, Embodiment, Phenomenology

Statement of Authorship

This dissertation is written by Sandra Tapie and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Counselling Psychology and Psychotherapy. The author reports no conflicts of interest and is alone responsible for the content and writing of the dissertation.

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1 - Introduction

“Between the flesh of the therapist and that of the patient, a secret dialogue has already been in progress, a dialogue that now poses its questions to the researcher.”

Romanyshyn (2007: 232)

In every encounter and before any word is spoken, an embodied dialogue takes place between people. I have a sense of the other and a sense of myself in relation to this other. I have a sense of our relationship and of the space we are co-creating. Through our embodied presence, there is an immediate relatedness. What is the nature of the relation before and outside of language? What is this co-created space made of? How does it impact on me and on the other? The phenomenon I am talking about can be felt and experienced but resists words. At the core of this project is my curiosity about the way in which people affect each other and how they experience this embodied dialogue. These questions, which I aim to answer in this study, are especially relevant and important in the context of the therapeutic encounter as this embodied dialogue is, in my opinion, always already there between therapists and clients, creating a particular atmosphere and giving a particular colour to the encounter.

Drawing mainly from the existential - phenomenological literature, in particular Husserl's (1931) and Heidegger's (1962) ideas on intersubjectivity and Merleau-Ponty's (1968) idea of embodiment as intertwining, I have chosen, throughout the thesis, to use the term 'embodied intersubjectivity' to name the dimension of encounter I wish to study. The concept of intersubjectivity, in phenomenology, is about self / other relation and refers to what allows us to access the other's experience. The term 'embodied intersubjectivity' is axiomatic in that, as Merleau-Ponty (1962) suggests, subjectivity is always intersubjectivity and intersubjectivity is always embodied. However, because the link between embodiment and intersubjectivity is not always acknowledged I have decided to use the above term to emphasise the embodied basis of the phenomenon. Throughout this thesis I also use the term 'embodied dialogue' to describe what happens between therapist and client through the medium of the embodied intersubjective matrix and to emphasise the dynamic aspect of that embodied interconnectedness.

Embodiment is seen, in this research, as the key to understanding intersubjectivity. Drawing from Husserl's later work and his formulation of the *lebenswelt* or lifeworld as well as from Heidegger's work, Merleau-Ponty (1968) sees individuals as being-in-the-world from birth and primordially enmeshed, through their embodiment, with others. For him the relationship between beings is primarily intersubjective and fundamentally embodied. Merleau-Ponty (1962) suggests that, within the intersubjective realm, there is a blind comprehension that links us through our bodies; this comprehension is not of the order of understanding but maybe more of the order of what Gendlin (1992) calls "felt sense", or which maybe resembles Stern's (2004) "implicit relational knowing". Relating this idea to the therapeutic encounter, Smith-Pickard (2005) suggests that "our work with clients always contains an embodied narrative that links us to the other through our bodies and runs alongside or independently of any spoken narrative" (p56). Their ideas led me to focus for this research on intersubjectivity as a primary interrelatedness that happens through embodiment as opposed to other types of intersubjectivity such as intersubjectivity as a developmental achievement (Benjamin, 1999) or intersubjectivity as unconscious communication between therapist and client (Ogden, 2004).

The aim of this research is to study how female psychotherapists and counselling psychologists experience the embodied intersubjective aspect of the encounter with their clients and how the awareness of this intersubjective embodiment impacts on them and their therapeutic practice. This project is interested in what stories therapists tell about their experience of an embodied dialogue with clients and what it means for them. These are the research questions co-researchers and myself set out to examine:

- (1) How do female therapists experience the embodied intersubjective dimension of the encounter with their clients?
- (2) How does this dimension affect them?
- (3) How does this dimension affect their therapeutic practice?

This project is relevant to the fields of psychotherapy and counselling psychology since the embodied intersubjective dimension is the ground on which therapy happens. A better understanding of this aspect of the encounter and how it impacts on therapists and their way of working give us a better understanding of the therapeutic process. As will be revealed by the findings this study has important implications for practice as it shows how therapists

have, through their experience of the embodied dialogue, an available medium through which they can directly access the other. This study therefore highlights the considerable potential at therapists' disposal if they engage with the embodied intersubjective dimension. For this project I have chosen to interview female psychotherapists only so as to create a more homogenous sample. Moreover, because women have a specific way of inhabiting their bodies due to their enculturation as women, it is essential to explore if and how this specific embodiment impacts on their experience of the embodied dialogue and on the relation they co-create with their client.

Intersubjectivity and embodiment are concepts that have been extensively examined in the philosophical, scientific and psychotherapy literature but mainly theoretically. I believe that there is a scarcity, in the current literature, of research project exploring the experiential aspect of the phenomenon of embodied intersubjectivity. By examining female therapists' experience of the embodied dialogue with their clients my aim is to contribute to the body of experiential psychotherapy literature and to highlight therapists' ways of working as well as elements about the nature of the therapeutic encounter that are not very visible in the literature

Throughout the thesis 'therapeutic encounter' is used as opposed to 'therapeutic relationship'. An encounter happens here and now and is a unique event that cannot be repeated; a relationship, in contrast, develops out of a series of encounters and describes an overall style of relating (Cohn, 1997). In relation to this topic the term 'therapeutic encounter' was therefore most suited as the embodied dialogue between therapist and client is seen as dynamic and as made of a series of encounters.

This project took place within a context in which there is an increased interest in relational and intersubjective approaches in both the field of psychotherapy and qualitative psychotherapy research (Mearns & Cooper, 2005). In the field of psychotherapy, a greater attention to the dynamic relationship between therapist and client and to the space they co-create has led in the last decades to a shift from a one-person psychology towards a two-person psychology and to an emphasis on the relational dimension in psychotherapy (Nolan, 2012). As will be developed in the literature review, two main threads led to this relational focus: (1) the phenomenological approach to intersubjectivity which will be explored through the work of philosophers such as Husserl (1999, 2002), Heidegger (1962, 2001), Merleau-Ponty (1962, 1964), and Buber (1965, 2010) and (2) the relational turn in psychoanalysis which will be examined through the different conceptualizations of intersubjectivity of

Benjamin (1999), Stolorow and Atwood (1984) and Ogden (2004). In the field of psychotherapy research an increasing number of qualitative approaches focus on embodiment and intersubjectivity (for example Finlay's and Evans' (2009) relational-centred approach and Todres' (2007) embodied enquiry) and use Merleau-Ponty's phenomenology and idea on embodiment as a philosophical foundation for their methodology.

A phenomenological research method was the most suitable method for this project as this approach is interested in lived experiences. Moreover, looking into how female therapists experience the embodied dialogue through interviews that also imply an embodied dialogue between researcher and co-researchers meant that this project needed a method that would emphasise the concepts of embodiment, intersubjectivity and reflexivity. Within the phenomenological approach, Finlay's and Evan's (2009) relational-centred approach emerged as a suitable method for this project since it views the embodied intersubjective relationship between research and co-researchers as the main means to understand an other and consequently sees the researcher's reflexivity as a crucial element of the research process.

This doctorate thesis is composed of seven chapters: *Chapter 2 – The Reflexive Researcher* is a second introductory chapter in which I introduce myself and reflect on what, in my personal and professional life, contributed to choosing this topic for the doctorate thesis. This chapter aims at providing readers with a sense of how my experiences, background, culture and personal history have informed the research process. In *Chapter 3 – Literature Review* I review the relevant literature on embodied intersubjectivity and show that there is a paucity of literature addressing female therapists' experience of the embodied dialogue. *Chapter 4 – Methodology* presents the rationale for choosing a hermeneutic phenomenological research methodology: Finlay's and Evans' (2009) relational-centred approach. Other approaches are examined with explanation as to why they were discarded. *Chapter 5 – Method* then discuss the ethical considerations relevant to this project and describe the methods used for this study including the methods of data collection and the dual method of analysis (narrative and thematic analysis). *Chapter 6 – Findings* presents the results from the two different analysis processes. In *Chapter 7 – Discussion* I discuss the research findings in light of the reviewed literature as well as new literature, their implications for the practice of psychotherapy and counselling psychology. I assess the research process as a whole including the methodology and methods. The impact of the research process and its implications for me as a researcher,

practitioner and individual is also addressed. Potential areas for further research and the dissemination of this project are discussed at the end of the chapter.

2 – The Reflexive Researcher

“It is a joy to be hidden but a disaster not to be found”

Winnicott (1965: 187)

As a researcher I am part of the world being studied as opposed to a neutral observer. Finlay’s and Evans’ (2009) relational-centred approach to enquiry proposes that “what we can know about another emerges out of the specific embodied, intersubjective space between researcher and co-researcher and within the broader research context” (Finlay & Evans, 2009: 87). In their approach any ‘data’ and knowledge are seen as co-created. This approach to knowledge being context-dependent and relationally created suits me as a researcher and the topic being studied since the same assumptions underpin the phenomenon of embodied dialogue. So reflexively addressing the part I played in this co-creation is an essential aspect of the research.

In this chapter I examine how my experiences, background, culture and personal history have informed the research process. This chapter is also a way of making myself visible at the beginning of the thesis with the hope of giving the reader a sense of who I am and what is my personal interest and vantage point in this research project. As Etherington (2004) suggests “our interpretations can be better understood and validated by readers who are informed about the position we [researchers] adopt in relation to the study and by our explicit questioning of our own involvement” (p32). However, I can never be fully aware of my position and involvement so readers might be able to read ‘between the lines’ and access contextual elements that are unknown to myself but nevertheless impact the research process.

I start by introducing myself and sharing elements of my life and therapeutic practice as well as theoretical influences that sparked my interest in this topic and shaped my approach to it. The assumptions I had, at the start of the research process, about the phenomenon of embodied dialogue are listed in the second part of this chapter.

2.1 – About the Researcher

Existential philosophy, experiences from everyday life, my therapeutic work with clients, certain readings, my theoretical approach to embodiment as well as my experiential

understanding of it, my interest in feminist research are areas that have contributed to my curiosity for the phenomenon and/or that have influenced the way in which I have approached it. These sub-sections are presented in turn below.

2.1.1 – Existentialism

I started reading existential literature as a young adult when I began to question more deeply my position within society, my relation to others and what it meant for me to be a woman. I turned towards Simone de Beauvoir at first. It is through her books - *The Second Sex* and *The Ethics of Ambiguity* - that I discovered existential philosophy. Jean Paul Sartre's work was a turning point as, for the first time, I found a philosophy with which I identified. *The Nausea*, *No exit* and later on Sartre's more theoretical books such as *Being and Nothingness* became influential in my thinking and reasoning. Two of Sartre's (1996) ideas particularly attracted me to existential philosophy. Firstly that the self is in constant state of becoming which means, in relation to this research process, that I view people as continually being shaped by their environment and shaping it in return and that I approached this project with a fundamentally relational conception of what happens between humans and between human and world. The second idea is that life has no meaning except the ones we create. Existentialism is often perceived as offering a bleak perspective on existence but it is for me an empowering philosophy since these ideas offer the possibility of freedom; a freedom, however, that comes with the responsibility and anxiety of shaping one's life according to one's values and beliefs.

Later on, and during my training to become a psychotherapist, Heidegger's and Merleau-Ponty's philosophies had a strong impact on my view of the world. Their less humanist versions of existentialism - through their conceptions of being as openness to the world (Heidegger, 1962) and of human as a knot in a matrix of relations (Merleau-Ponty, 1962) - resonated with me because they show humans as not isolated from each other and point to a less anthropocentric view of the world. Their influence led me, from early on in the project, to view intersubjectivity as embodied and as a fundamental dimension of all encounters; one that underpins all other dimensions of encounter. Their ideas led me to focus for this research on intersubjectivity as a primary interrelatedness that happens through embodiment as opposed to other types of intersubjectivity such as intersubjectivity as a developmental achievement (Benjamin, 1999) or intersubjectivity as unconscious communication between therapist and client (Ogden, 2004).

Heidegger's (1962) and Merleau-Ponty's (1962) concepts such as our inextricable insertion in the world and our fundamental interconnectedness with others provided a base for my therapeutic practice by grounding it in the embodied intersubjective relating co-created with clients.

2.1.2 - Everyday Life Experiences

It is an awareness of an embodied dialogue between people - simple and common experiences of everyday life such as feeling a strong connection or affection for someone I have just met, feeling uncomfortable or anxious around someone for no apparent reason, entering a room and having a sense of the atmosphere – that stimulated my interest in this topic. More generally it is the awareness that I affect people with my presence and that they affect me with their presence; this before we start talking or in parallel to our conversation. Figure 2.1 shows a short extract from my research journal written in the first phase of the research process which I feel captures the essence of my initial questioning.

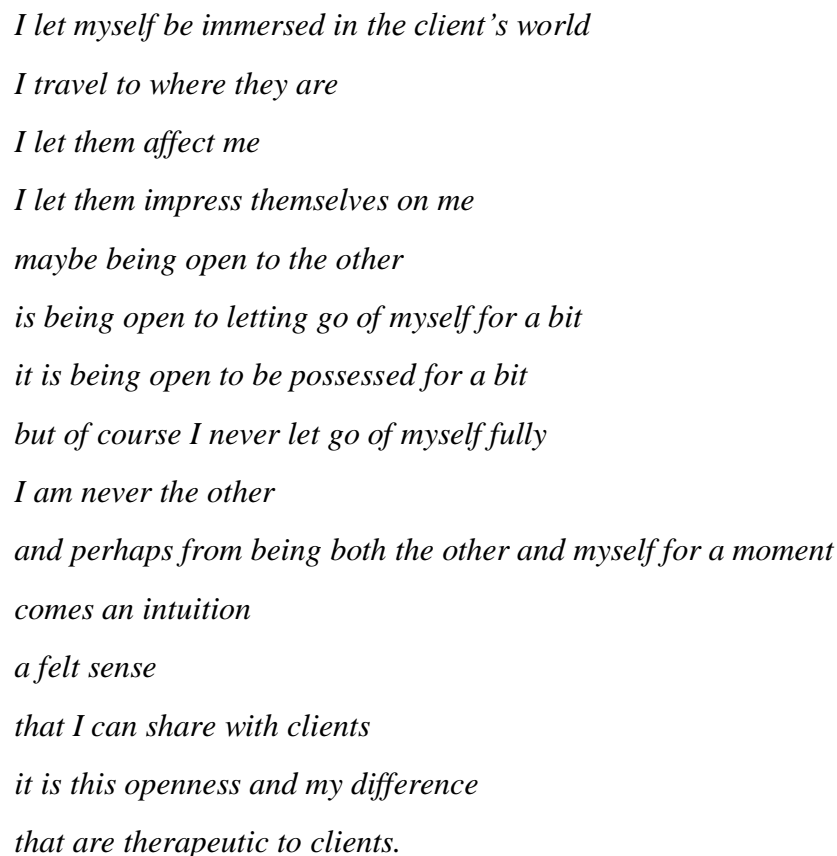
Figure 2.1 – Reflexive vignette from Research Journal, September 2013

*The trigger
at the time
for choosing this topic
was my confusion and puzzlement
at how I affect people
and how they affect me
a sense that there is something happening between me and the other
something beyond words
something about my presence
that involves my body
the relating body
it feels uncontrollable
mysterious.*

2.1.3 - Working with Clients

In my work with clients I can become aware of the embodied dialogue in different ways: for instance there can be a discrepancy between what a client is sharing verbally - a memory which sounds light and pleasant - and the atmosphere in the room which feels heavy or sad; I repeatedly feel tired or confused with one particular client, and awake and clear the moment the next one arrives; or a word keep coming up in my awareness during a session. The way in which I experience myself varies with each client; I am a slightly different person with each client depending on how we are affecting each other and creating together. Figure 2.2 shows an extract from my research journal describing the experience of allowing myself to be affected by clients and our way of relating.

Figure 2.2 – Reflexive vignette from research journal, October 2013



*I let myself be immersed in the client's world
I travel to where they are
I let them affect me
I let them impress themselves on me
maybe being open to the other
is being open to letting go of myself for a bit
it is being open to be possessed for a bit
but of course I never let go of myself fully
I am never the other
and perhaps from being both the other and myself for a moment
comes an intuition
a felt sense
that I can share with clients
it is this openness and my difference
that are therapeutic to clients.*

Both everyday life experiences and work experiences have started to shape my understanding of the embodied intersubjective dimension. I began this project with the sense that it is a dimension in which an other-than-cognitive understanding takes place between people; a

dimension in which an inter-permeation between self and other occurs allowing for a more sensuous form of knowing.

2.1.4 – Embodiment

To further understand the phenomenon of embodied intersubjectivity I felt I had to further understand the meaning of ‘embodiment’ from a theoretical perspective but also understand my personal way of inhabiting my body.

Feminist philosophers such as Bordo (1993), Butler (1990) and Young (2005) provide ways to think about how society and culture impact on our ways of inhabiting our bodies. In *Unbearable Weight: Feminism, Western Culture, and the Body*, Bordo (1993) draws attention to the way in which dominant discourses in society create norms and how, through habitual practices (i.e. dieting, exercise, cosmetic surgery...), individuals police their body to comply to these norms. Butler (1990) goes further and proposes that these practices are not the way in which men and women perfect their gender but are in fact process through which the concepts of male and female are created. In *On Female Body Experience: “Throwing like a Girl” and Other Essays*, Young (2005) examines, from a phenomenological perspective, how the lived body and the lived space are different depending on gender; she shows how Western cultures affect women bodies and create an inhibited intentionality. Each in their own way, these philosophers challenge Merleau-Ponty’s (1962) idea that “the body is pure presence to the world and openness to its possibilities” (p148). They show how certain social practices do restrict women’s presence to the world. This will be developed in the Literature Review (3.3.3 – A Feminist Nuance to Merleau-Ponty’s Perspective on the Body).

In an experiential way, personal therapy and reflection helped me understand how I have inhabited my body throughout the years and how I carry the history of my experiences in my current embodiment. Through existential therapy, Focusing and then Dance and Movement Therapy (DMT) I revisited my history but this time in a more embodied way; as I gradually became more aware of myself I also became more aware of others and my embodied responses to them. This new openness came, however, with a sense of being more vulnerable, ‘thin-skinned’ and less protected. I began to sense the moments in which I am more open and moments in which I shut down. When ‘open’ I can access my felt sense of myself, others and situations; when ‘closed’ I cannot connect as well with that sense. A physical sensation - a

slight electric current running through my body – usually lets me know when I am closed to a certain degree.

I didn't realise at first how personal this topic was. I did not realise that this research project would explore something that I have been trying to understand for years without having a clear sense of the question. So this exploratory journey that started as a deliberate part of the work for the research ended up being deeply personal. Being 'closed' is for me a familiar position. It is a disconnection that has served a purpose probably from a very young age and still does today: disconnection as protection, disconnection as a way to regulate how much I am affected by my environment. Winnicott's quote above therefore touches me especially because it expresses one of my main conflicts: the desire to protect myself from others and the desire to create deep connections with them.

The reasons for needing to protect myself are multiple and I am presumably not aware of all of them but I believe the following two experiences contributed to it. The difficult relationship of my parents, their subsequent separation, pushed me to be very sensitive to their moods and needs but also pushed me to find a way to not feel pain, mine and theirs. The second element relates to gender and the tension, while growing up, between who I felt I was and who I was told I was by others and society. Between how I looked and how I was supposed to look, a tension between my body-as-seen-by-others and my body-as-lived-by-me. The fact that my given gender never quite matched my sense of myself led me to mistrust my own felt sense and I shut down to a certain extent what should have been a compass all along. Interestingly, from mistrusting my felt sense and the "body I am" I went to try and control the "body I have", my physical body. For several years, by training my body twice daily to swim fast, I focused on my body as a machine to be improved and fine-tuned. Perhaps this was a way to challenge or bypass some of the gendered expectations. In her paper *Climbing Like a Girl*, Chisholm (2008) shows how women can transcend the constraints of gender systems "by employing and cultivating the body's motility and spatiality" (p9). Through training a movement is repeated many times; not a movement that performs femininity or masculinity but a movement that suits a specific body and a specific purpose. If repeated enough times, the movement becomes known in a bodily way and comes to be meaningful for the lived body; it is in that way that the lived body can transcend some of the gendered expectations.

I carry my history all the time as traces in my body, in my movements. It is what I bring when I encounter others. Figure 2.3 shows a passage I wrote in my research journal while trying to understand what is being shared through our embodiment and how.

Figure 2.3 – Reflexive vignette from research journal, February 2015

“My body carries the traces of my experiences – like a piece of paper that has been folded many times keeps marks – my body is marked. Through my embodiment, my movements, I show others these traces. The other can read them, can sense them. My embodiment does not only carry traces from the past, it also expresses my way of living the present as well as my future (hopes and intentions). The other, through her body, picks them up and responds to me. This is the embodied dialogue”.

2.2 - My Assumptions regarding the Research Topic

I started this project with several assumptions regarding the topic and the research process:

- The therapeutic encounter (and all encounters) contains an embodied intersubjective dimension, a space co-created by therapist and client. This dimension is always there and all of us can sense it to different degrees.
- Some therapists are aware of this dimension and use it in their therapeutic work with clients.
- Intersubjectivity is seen as a primary relatedness that happens through our embodiment.
- The more therapists are aware of their own embodiment the more they are able to work with the embodied intersubjective dimension of encounters.
- Women have a specific way of inhabiting their bodies due to their enculturation as women that is different to men. The way they live their bodies impacts on the relation they co-create with their clients.

I brought to this study my previous experiences, my pre-conceptions about the topic as well as my beliefs about humans and the world. How I managed these and the impact they had on the research process is discussed throughout the thesis.

3 – Literature Review

This project is concerned with exploring the embodied intersubjective dimension of the therapeutic encounter and with identifying the different relational phenomena experienced by therapists. Looking for theoretical and experiential evidence of an embodied intersubjective realm first led me to the philosophical literature on the concept of intersubjectivity and in particular the phenomenological literature where the concept originated. The concept of intersubjectivity, in phenomenology, is about self / other relation and the question of how we can access the other's experience. Philosophers such as Husserl (1999, 2002), Buber (1965, 2010) Heidegger (1962, 2001) and Merleau-Ponty (1962, 1964) offer different answers that are explored in the first part of this chapter.

The relevance and importance of Merleau-Ponty's work for this topic prompted me to further explore the philosophical literature related to two crucial elements of his philosophy: the flesh and embodiment. I encountered the quantum philosophy of Barad (2012) whose view of intersubjectivity as a state of entanglement echoes Merleau-Ponty's idea of the flesh as a pre-personal realm and as the originating of being. I further examined the concept of embodiment in the phenomenological literature through the opposing views of Merleau-Ponty (1962) and Sartre (1996) and subsequently in the feminist literature through the cultural and social approach of philosophers such as de Beauvoir (1997), Irigaray (1985), Butler (1990, 1993) and Young (2005) who challenge aspects of Merleau-Ponty's (1962) perspective on the body.

Tracing the history of the concept of intersubjectivity to psychotherapy I have looked at the impact of the phenomenological approach to intersubjectivity on psychoanalysis. This is examined mainly through the different conceptualizations and clinical applications of intersubjectivity of Stolorow and Atwood (1984), Benjamin (1999) and Ogden (2004).

The relation self / other and the question of how we can know the other has also been extensively researched in the fields of developmental psychology by infant psychologists such as Stern (1971, 1974) and Trevarthen (1979), Beebe and Lachmann (1998), in the field of neuroscience by researchers such as Gallese (2003), Gallese, Keysers and Rizzolatti (2004) through their work on the mirror neurons system, and in the field of embodied cognitive science by researchers such as De Jaegher & Di Paolo (2007) and Gallagher (2009). These fields offer contrasting views regarding which mechanisms underlie the process of innate

intersubjectivity, respectively imitation, embodied simulation and enaction. They are examined in turn in this chapter.

Looking for experiential evidence of the phenomenon of embodied intersubjective relating I have found in the psychotherapy literature concepts such as Stern's et al (1998) moments of meeting, Budgell's (1995) linking, Ben-Shahar's (2012) resonance. I have also found a few qualitative research focusing on aspects of therapists' experience such as Knox's & Cooper's (2011) research on relational depth, Geller's and Greenberg's (2002) research on therapists' experience of presence and Shaw (2003) on therapists' experience of bodily phenomena in the therapeutic encounter. Within the psychotherapy literature we will see that there is a scarcity of research (qualitative studies, therapists' reflexive accounts and case studies) addressing therapists' experience of the embodied dialogue therefore constituting the rationale for this research project.

3.1 – Literature Search

A thorough search has been carried out to identify the literature available on embodied intersubjectivity. General searches have been completed using Middlesex's university Summon electronic databases and British Library databases; specific searches have been completed using databases such as PsycINFO, PubMed, Springer and Sage. Relevant literature was searched using Google, Google Scholar, Amazon and Amazon UK. Search terms included intersubjectivity, embodied intersubjectivity, embodied dialogue, resonance, relational depth, moment of meeting, body and psychotherapy, embodiment and psychotherapy, embodied therapeutic relationship, feminism and embodiment, co-presence, contact, closeness, openness, intimacy, interconnectedness, attunement, non-verbal dialogue and psychotherapy, synchrony, embodied intersubjectivity and counselling psychology, embodied communication, embodied knowing, embodied interaction, embodied dialogue, connection, presence. Reference lists of retrieved articles and books were also examined.

3.2 – Philosophical Perspectives on Intersubjectivity

Thompson (2005) suggests that Husserl was possibly the first philosopher to use the term intersubjectivity to name an essential aspect of his philosophy as well as a principle of his

philosophical method: phenomenology. The concept is then present in most of the phenomenological literature. In this section I look at the different conceptualisations of intersubjectivity of philosophers such as Husserl (2002), Buber (1965, 2010) Heidegger (1962, 2001), Merleau-Ponty (1962, 1964) and Barad (2012); I also look at their different acknowledgements and conceptualisations of the role of embodiment in intersubjectivity.

The concept of intersubjectivity, in the way I am using it in this research, is grounded in Merleau-Ponty's phenomenology of embodiment and refers to our primary relatedness with others and to our inextricable entanglement with them which happens through our embodiment. The embodied intersubjective relation is seen as preceding and grounding any specific relationships.

3.2.1 – Husserl: Intersubjectivity situated in Empathy

Descartes (1985) proposed that, as thinking beings, the one thing that we cannot doubt is our own existence; for him the external world can only be known through the idea or representation we have of them. So in separating the idea of the object from the object itself he separated the mind from all the objects our consciousness can take as object including the world, others and the body. His theory therefore leads to solipsism which is the view that the self or one's consciousness is all that can be known.

Husserl (2002) is interested in the structure of the subject's experience; one of his aims is to prove that such an investigation does not lead to Cartesian solipsism and instead that both the external world and others' mind exist and can be known through experience. Husserl's argument is that a subjective experience *implies* a world beyond oneself: a world which can be experienced (Husserl, 2002). Therefore experience is fundamentally intersubjective since it happens between subject and world. He justified this idea using the concept of empathy, a concept that was then further developed by one of his students Edith Stein. Stein (1970) argues that it is empathy that allows us to experience 'otherness' and to recognise the other as having their own intention and agency. When I see someone in pain I empathetically recognise a similar pain I have myself experienced. I can only empathise with others' pain to the extent to which I am open to my own pain. Both Husserl and Stein agree that although we can share the other's experience, we can however never experience it directly as the other person experiences it. It is this lack of direct experience that led Husserl (1999) to think that he did not go beyond solipsism.

3.2.2 - Buber's Dialogic Intersubjectivity

Buber (2010), a student of Husserl, starts with the assumption that we do not exist in isolation but are always in relation to others; he proposes that this relationship can take two forms: an "I-It" or an "I-Thou" form. The I-It relationship is a subject – object relationship where one objectifies and uses the other; the I-Thou relationship is about presence, openness and mutuality, it is a form of relating in which "duality is no longer experienced" (Buber, 2010: 86).

Buber (1965) sees dialogue as a reciprocal exchange in which each individual grows through the other; only through a dialogic relationship is the "I" of the "I-Thou" relation created. The 'interhuman' or the intersubjective appears, for Buber, through dialogue and is 'located' in between.

Buber's (1965) gives an ontological status to the 'between' and describes it as a shared space, an interrelatedness from which the experience of being a self emerges. He also however proposes that an "I-Thou" relation is created when both members of the dyad are open to the otherness of the other (Buber, 1965). So Buber's conceptualisation of intersubjectivity is unclear in relation to whether the between, the intersubjective is primary and the creative milieu for the self, or whether the between is created by two pre-existing selves who recognise the other as other.

3.2.3 - Scheler and Jasper: Towards a Primary and Embodied Intersubjectivity

Departing from Husserl's idea that intersubjectivity requires the intellectual ability to see the other as similar to oneself, both Scheler (1973) and Jaspers (1997) agree that reasoning by analogy is not needed to achieve intersubjectivity. If I can compare myself to the other, it is because I have already achieved intersubjectivity. Our understanding of others' behaviour, according to Jasper (1997), happens at the very moment we perceive the other's body and its expression. Implied in his idea is a primordial immediate linkage with the other which involves the body and that is prior to any cognitive understanding. So in seeing intersubjectivity as occurring at the moment of encounter and through the body, Scheler and Jasper get closer to the way in which the term intersubjectivity is used in this research. They lead the way towards a conceptualisation of intersubjectivity as a primary and embodied relatedness; ideas that will be further developed by Heidegger and Merleau-Ponty.

3.2.4 - Heidegger: A priori Intersubjectivity

Heidegger decides to approach Husserl's project differently. Where Husserl starts his investigation from the subjective and investigates how we can be in relation with others, Heidegger starts from the intersubjective and then investigates our relationship with our selves (Thompson, 2001). Heidegger (1962) suggests that our primordial structure is intersubjective; from this ground an individual subject then emerges. He proposes that Being-in-the-world and Being-with others are ontological characteristics of Dasein (Heidegger, 1962). Heidegger uses hyphens in Being-in-the-world to describe a particular rapport between Being and world. It is not a physical rapport about location (it does not mean that Being is contained in the world). Instead the hyphens express a fundamental rapport between them; one that binds them so Being or world cannot be defined in itself but only in relation to the other. The same rapport applies between Being and others. Dasein (which literally means Being-there) is inextricably entangled with the world and others. For Heidegger, as Cohn (2002) puts it, "there is an existential relatedness that precedes any particular relationship" (p36).

Heidegger's Dasein and its characteristic of Being-in-the-world challenges the Cartesian dualisms subject – object and subject – world by viewing subject and world as entities that do not exist independently. With this point of departure Heidegger offers a new paradigm that renders irrelevant the question of how we can access the other's mind and that bypasses the problem of solipsism. So in contrast to Husserl who wonders how to reach the other so we are sure that they exist beyond our subjective impression of them, Heidegger wonders how we can go from being enmeshed with others to becoming our own person.

With his approach to intersubjectivity Heidegger also renders irrelevant the question of the role of empathy in the achievement of intersubjectivity (I refer here to empathy not as reasoning by analogy as Husserl conceptualised it but empathy as a mode of consciousness that allows us to know the other's feelings in a more direct manner). Empathy becomes a particular 'product' of intersubjectivity rather than a mode of consciousness that facilitates intersubjectivity. It discloses intersubjectivity rather than establishes it (Zahavi, 2001).

Heidegger has been criticised by philosophers such as Sartre and Merleau-Ponty for not discussing in depth, in *Being and Time*, his views on embodiment and the lived body; Dasein or our involvement in the world seems to be disembodied. Heidegger's reluctance to talk

about the body can be understood in the context of his project's aim; even though his theory is applicable to human existence he wants his work to be ontological as opposed to anthropological. He however addresses the body in the Zollikon Seminars and proposes that embodiment is always an aspect of Being-in-the-world, "it always co-determines being-in-the-world, openness and the having of a world" (Heidegger, 2001: 97). Embodiment is one of the dimensions of Being-in-the-world that shapes our engagement in the world. But, as he adds in the Zollikon Seminars, examining the body is an ontic investigation that is not needed for his ontological inquiry into the meaning of being; his focus is on Dasein's ontological characteristic of Being-in-the-world and not on the ontic dimension of Being-in-the-world.

Heidegger's theory of intersubjectivity applied to human existence proposes a primordial relation between individuals. Intersubjectivity as it is used in this research is based on his theory; however only partially since it does not explicitly locate intersubjectivity in embodiment. It is Merleau-Ponty who emphasises the embodied basis of the phenomenon. His approach to intersubjectivity and embodiment is presented in the next section.

3.2.5 - Merleau-Ponty's Embodied Intersubjectivity

Inspired by Husserl's (2002) and Heidegger's (1962) phenomenologies and influenced by Gestalt psychology (in particular the Field theory developed by Kurt Lewin in the 1940s), Merleau-Ponty works on finding an alternative to the Cartesian mind-body, subject-object, inside-outside dualisms; for him the Cartesian solipsistic view on beings does not fit with the world as we experience it, our lived world. He creates a phenomenology of embodiment and experience in which mind and body are no longer separate and body and world are one and the same fabric.

In *The Child's Relations with Others*, Merleau-Ponty (1964) argues for an intersubjective model of development. He proposes that human's life starts intersubjectively; we are not conscious of ourselves but due to the nature of consciousness are nevertheless intentionally relating with others. Like Heidegger, Merleau-Ponty sees the self as emerging from the intersubjective encounters with others. According to Merleau-Ponty (1964), from about 6 months we start the never fully completed process of individualisation. As adults, it is our primordial experience of common ground with others that enables us to live as a community.

Merleau-Ponty (1962) explains intersubjectivity through his concept of perception; he suggests that because we live in a world of perception, not only our consciousness is

intentional but it is also perceptual. Merleau-Ponty's idea of perception goes beyond a perceiving device and a percept; perception is more than perceiving on object, it is a connection with it. So, included in his concept of perception is a pre-condition that makes perception in its usual sense possible: a perceptual field. Crossley (1996) has described that field as what forms in "the space between perceiver and perceived by means of the active engagement of the two" (p27). It is our intentional perceptual consciousness that links us to others; this web of interlocking consciousness is what creates the intersubjective field. It is the nature of our consciousness that prepares the ground or the field that then allow us to perceive (in the usual sense). By separating consciousness and object Merleau-Ponty does not go beyond the Cartesian dualism at this stage of his work. He acknowledged this himself in the second part of *The Visible and the Invisible* (1968) in which he writes that "The problems posed in *Phenomenology of Perception* are insoluble because I start there from the "consciousness"—"object" distinction" (Merleau-Ponty, 1968: 233). As we will see later in this section, he tries in his later work to overcome dualisms through his concept of the flesh.

According to Merleau-Ponty (1962), embodiment is the key to understanding our being-in-the-world and intersubjectivity. There is a primordial interpenetration between self and other, between body and world:

"It is through my body that I understand other people, just as it is through my body that I perceive 'things'" (Merleau-Ponty, 1962: 186).

Beings, through their bodies, are continuously dynamically interconnected:

"I discover in that other body a miraculous prolongation of my own intentions... As the parts of my body together comprise one system, so my body and the other person's are one whole" (p354).

"I am all that I see, I am an intersubjective field, not despite my body and my historical situation, but, on the contrary, by being this body and this situation" (Merleau-Ponty, 1962: 452).

It is through our embodiment that we are woven into the intersubjective matrix linking us to the world and others.

In his later work, Merleau-Ponty (1968) lets go of the concepts of consciousness and intentionality and creates his notion of the flesh. The flesh is the element that is not matter or idea which links bodies together and world:

“The flesh is not matter, is not mind, is not substance. To designate it, we should need the old term “element,” in the sense it was used to speak of water, air, earth, and fire, that is, in the sense of a general thing, midway between the spatio-temporal individual and the idea, a sort of incarnate principle that brings a style of being wherever there is a fragment of being. The flesh is in this sense an “element” of Being” (Merleau-Ponty, 1968: 139)

According to Merleau-Ponty (1968) our existence is based on an intersubjective system; through our embodiment we inhabit a pre-personal realm where flesh of bodies and the flesh the world is one and the same fabric. It is a realm that precedes culture and language but which is their originating field. The flesh is a general thing from which the particular emerges; it is an originating of being.

Merleau-Ponty’s (1968) concept of reversibility is an essential characteristic of the flesh. There is a reversible reciprocal relation between myself, others and the world in which I see and I am seen, I am affected and created by the world and I affect and create the world:

“my body is made of the same flesh as the world (it is a perceived), and moreover that this flesh of my body is shared by the world, the world reflects it, encroaches upon it and it encroaches upon the world (the felt [senti] at the same time the culmination of subjectivity and the culmination of materiality), they are in a relation of transgression or of overlapping” (Merleau-Ponty, 1968: 248-249)

Reversibility defines the flesh, it is what weaves relations between bodies (Merleau-Ponty, 1968). This phenomenon of reversibility which is at the heart of Merleau-Ponty’s idea of intersubjectivity will be further explored in 3.3 - The Body and Embodiment.

Merleau-Ponty’s concept of the flesh resembles Barad’s view of intersubjectivity as a state of entanglement in that both describe a pre-reflective and pre-personal realm from which phenomena and being arise. This is discussed in the next section.

3.2.6 - Barad’s Agential Realism and Merleau-Ponty’s concept of the flesh

Barad’s (2012) epistemology, agential realism, comes close to Merleau-Ponty’s concept of the flesh. Where we see the world as composed by discrete objects and where interactions occur between people that existed prior and exist after the interaction, Barad (2012) proposes the opposite and argues that individuals exist because of the existence of given interactions

and that matter exists as a phenomenon (i.e. as the materialisation of relationships). Barad (2012) proposes the notion of intra-action as opposed to inter-action. Since there is no a priori individualities, there cannot be interaction between them but only intra-action that create them:

“The usual notion of interaction assumes that there are individual independently existing entities or agents that pre-exist their acting upon one another. By contrast, the notion of ‘intra-action’ queers the familiar sense of causality (where one or more causal agents precede and produce an effect), and more generally unsettles the metaphysics of individualism (the belief that there are individually constituted agents or entities, as well as times and places)” (p77).

According to Barad (2012) individuals do not pre-exist but are created in intra-action. They materialise in intra-action. It is a particular intra-action that creates difference, that individualises.

As the individual is created or materialises in a specific intra-action so does agency. A specific intra-action calls for a specific form of agency (“agential cut”). Barad (2012) proposes that

“It is through a specific agential intra-action that the boundaries and properties of ‘individuals’ within the phenomenon become meaningful. A specific intra-action enacts an ‘agential cut’” (p77).

So difference, according to Barad, only exists within relations.

Her idea of intra-action shows the mutually constitutive process in which I am created by and creator of the world, in which we mutually create each other. Intra-action is primary, individualisation is secondary. Drawing from quantum physics Barad sees intersubjectivity as a state of entanglement (entanglement is the phenomenon occurring when particles interact in a way in which the quantum state of each particle cannot be described independently, only the system as whole has a quantum state).

For both Merleau-Ponty and Barad the phenomenon (not the individual) is the ontological primary. Merleau-Ponty’s (1968) concept of the flesh resembles Barad’s state of entanglement; both the flesh and entanglement describe a state in which consciousness and world, mind and matter, subject and object are one and the same fabric. It is the flesh which is, for Merleau-Ponty, the source of phenomena. As we have seen earlier, Barad (2012) proposes that it is through an agential cut that the boundaries of the individual emerge out of

the undetermined entanglement. In other words, it is by cutting the flesh that a difference appears: it is a fissure or “dehiscence” in the visible that generates differentiation (Merleau-Ponty, 1968: 153).

With Merleau-Ponty’s concept of the Flesh and Barad’s concepts of entanglement and intra-action we enter the truly post-Cartesian realm of the intersubjective. They both describe a pre-personal realm that is also the originating of being; a realm in which we are not differentiated individuals. This dimension runs as background or horizon in all encounters and is the foundation of intersubjectivity. This project is interested in this dimension and how therapists experience and use this level of the encounter with clients.

At this point it is important to look at the different conceptualisations of the body and embodiment in the phenomenological and feminist literature as well as their implications for intersubjectivity since, in this project and in line with Merleau-Ponty’s theory, embodiment is seen as the source of and medium for intersubjectivity.

3.3 – The Body and Embodiment

3.3.1 - Merleau-Ponty’s and Sartre Perspectives on the Body

In the field of existential phenomenology the most comprehensive ontological exploration of the body comes from the work of Merleau-Ponty. His treatment of the body is discussed in this section in relation to Sartre’s opposing formulation.

Merleau-Ponty and Sartre view embodiment as an ontological dimension of Being-in-the-world and as a key to understanding our relation with others. They see the body as having different modes of manifestation but disagree about the implications of these different manifestations for intersubjectivity and our engagement in the world. For Merleau-Ponty (1962) our insertion in and perception of the world are embodied. Being embodied means being situated in the world: “The body is our anchorage in a world” (Merleau-Ponty, 1962: 167). The body is the point of reference for experiencing. He makes a distinction between the objective body and the subjective body – or the lived body:

- The objective body is the body that is seen by others, the body that can be scientifically observed: the body I have.

- The subjective body is the body-as-it-is-lived and which is experienced pre-reflectively. It is the body I am, the body that expresses my way of Being-in-the-world.

Sartre (1996) proposes a different conception of the body made of three ontological dimensions:

- The body-for-itself is the body I exist, the body as it is for me, the body as a medium for experiencing. It corresponds to Merleau-Ponty's lived body.
- The body-for-others is the body that is seen and experienced by others, the body as an object or instrument for others as well as for myself. It corresponds to Merleau-Ponty's objective body.
- The third manifestation is the body I exist as a body known by others, it is the body I experience as it is experienced by others. Through their gaze or look I experience how others see me. With this dimension Sartre acknowledges the intersubjective co-creation of the body.

It is at the level of the sensing body and through their opposing understanding of the phenomenon of the 'double sensation' that the difference between Merleau-Ponty and Sartre become clearer. Merleau-Ponty (1962) approaches the body through the phenomenon of perception and therefore sees it as ambiguous and able to be both subject and object. In opposition Sartre (1996) argues that the body-for-itself and the body-for-others are two opposed and irreconcilable dimensions. For Merleau-Ponty, when one hand touches the other, we sense the touching and the touched, the touching can be inverted to the touched and vice versa. In his later work Husserl (1997) called this phenomenon "intertwining", concept which was later expanded by Merleau-Ponty (1968). This phenomenon of double sensation, of intertwining, is essential for Merleau-Ponty in that it reveals something crucial about embodiment and our engagement with the world: through our embodiment we are in a constant reciprocal and reversible relation to the world and others. For Sartre, however, the experiences of touching and being touched call for different dimensions of the body. For him, I first experience the hand which is touched because due to the nature of our intentional consciousness and its direction at objects I firstly objectify my hand. It is through reflection that I can then focus on the touching hand. Sartre works from the perspectives of consciousness and subjectivity whereas Merleau-Ponty keeps a critical distance from Sartre's subject-object structure and instead focuses on perception and intersubjectivity, on the interrelatedness between embodied consciousness and world.

The difference in their conceptualisation of the body and the ‘double sensation’ has implication on their views on intersubjectivity and our relation to others. With Sartre’s perspective it is difficult to understand how we can ever recognise other embodied subjects since through its property of intentionality consciousness is always objectifying. For Merleau-Ponty however it is precisely the reversible relation between the touching and the touched that shows the body as intersubjective and makes our relation with others possible:

“The other is born in the body” (Merleau-Ponty, 1968: 233)

“When my left hand touches my right, or when I perceived another part of my body, I am experiencing myself in a manner that anticipates both the way in which an other would experience me and the way in which I would experience an other” (Husserl, 1952: 297 in Zahavi, 2001: 161).

So self-experience, through our embodiment, is so constituted that it already contains the possibility of the other. Subjectivity is always intersubjectivity; I can never fully know my self which is the reason why I can be open to others:

“The other can be evident to me because I am not transparent to myself, and because my subjectivity draws its body in its wake” (Merleau-Ponty, 1945: 405)

It is our fundamental embodied intersubjective constitution that allows us a direct access to others’ experience. Merleau-Ponty’s approach to embodiment and intersubjectivity is crucial for this project since it offers a theoretical basis for the phenomenon of embodied dialogue between therapist and client where both members of the dyad share a common ground through their intersubjective make-up.

According to Merleau-Ponty the lived body is a perspective and openness to the world:

“[The lived body] is the horizon latent in all our experience... and anterior to every determining thought” (Merleau-Ponty, 1962: 106).

Through the lived body we have a direct experience of the world and others that is prior to any cognitive process. Merleau-Ponty (1962) also adds “the body is pure presence to the world and openness to its possibilities” (p148). Despite viewing the body as in constant reciprocal interaction with the world, he is paradoxically not taking into account the ways in which the body is impacted by its environment, how particular cultures and social practices shape the way in which we inhabit our bodies and therefore shape our experience This idea of the body as ‘pure presence to the world’ has been strongly criticised by feminists

philosophers as we will see further on in this part (3.3.3 – A Feminist Nuance to Merleau-Ponty’s Perspective on the Body).

Although Sartre and Merleau-Ponty disagree on the level of the sensing body, through their concepts of the body-for-itself and the subjective body they both agree on a body that is immediately felt and that is saying something about our insertion in the world and about our situation. The felt body is further explored in the next part.

3.3.2 – The Body that is directly felt

Influenced mainly by Dilthey and Husserl, Scheler (1973) believed that our intuition gives us an access to the complexity of our experience that is direct as opposed to mediated by cognitive processes (van Deurzen, 2010). Scheler (1973) proposed that we always have a sense of our situation through our body. The body, according to him, is not the total of our sensations and perceptions but the background and conditions for these to happen. In fact these sensations express what is experienced primordially and pre-reflectively by the body: our constant connection with our environment and others. So Scheler’s work anticipated Merleau-Ponty’s ideas on the role of embodiment in intersubjectivity and, as van Deurzen (2010) suggests, probably influenced Heidegger’s (1962) concept of “*Befindlichkeit*”.

Befindlichkeit - how one finds oneself – is, for Heidegger (1962), an essential aspect of *Dasein*’s existence. The ontic expression of which is “*Stimmung*” which means “mood”. Our moods disclose how we find ourselves in the world, how we are positioned towards the world, how we are attuned to existence. *Befindlichkeit* can be understood as both a feeling state (the mood I am in) as well as a feeling into situations (sensing, attuning). What I feel, the mood I am in is inseparable to what I find in the world. Our moods are the expression of my interaction with the world. They are not merely a response to our environment but also shape the world around us. This interaction happens pre-reflectively which explains why we ‘find ourselves’ in a particular mood. Heidegger’s *Befindlichkeit* has similarities with Gendlin’s (1992) felt sense in that both moods and felt senses reveal our interaction with the world as well as shape it.

Gendlin (1992) proposes that, like plants, our bodies are interaction with their environment:

“the plant is an interaction directly with its environment, without a perceptual datum in front of itself. Its body does not first exist and only then interact. Rather, its growth and life-processes consist of environmental interaction (p341).

I do not experience myself as being embodied and then experience the world as impacting on my body; rather I directly experience my situation in a bodily way. Gendlin (1992) calls “felt sense” the sense of this constant pre-reflective embodied interaction with the world and with others. According to Gendlin (1992) a felt sense is not just of the order of perception - it is not just the sense of something or someone but is interaction. Felt sense is both sensing and responding to my environment or situations. This reciprocal sensing-responding between people is what constitutes, for Merleau-Ponty (1968), the embodied intersubjective matrix or the Flesh. This mutual sensing-responding which happens at an embodied intersubjective level is what enables us to have a reasonably accurate sense of ourselves and the other in the relation. Echoing Merleau-Ponty’s idea of reversibility, Stern (2004) proposes that

“Our nervous systems are constructed to be captured by the nervous systems of others, so that we can experience others as if from within their skin, as well as from within our own. A sort of direct feeling route into the other person is potentially open and we resonate with and participate in their experiences, and they in ours” (p76).

By sensing our interaction with the other we have a felt sense of both ourselves and the other. Totton (2015) suggests that we are more or less aware of our continual embodied interaction with the world. Reflecting on the use of the term ‘embodiment and the expression ‘being embodied’ in the field of psychotherapy, he proposes that these refer to the attempt of getting as aware as possible to this experience of interaction. Being embodied is not a state that can be achieved once and for all but more a process of becoming embodied that varies depending on the situations and encounters we find ourselves involved in; therefore “embodying” is a more accurate description of the process of experiencing our dynamic connection to the world and others (Totton, 2015: 75). The constant interaction and relation which happens at an embodied intersubjective level between therapist and client cannot be tracked fully, however, as Totton & Priestman (2012) suggest:

“We certainly can become conscious of their final summations as our ‘intuitive feeling’ about the other, our openness or closedness, sympathy or suspicion, liking or dislike” (p36).

Learning to perceive these embodied responses are often an inexplicit part of therapists' training (Totton, 2015).

So through our embodiment, through our lived body we are inextricably enmeshed with the world and others. Through our embodiment we can sense our interaction with the world and have a direct sense of our situation. This sense as a dual characteristic in that it is both a sense of the situation and a sensing into a situation. So this sense is continually changing since it is also a process of attuning to the world. This is a key process for therapists since by 'being embodied' or 'embodying' - by being as aware as they can of their attunement to the world – they can have a direct sense of their client. Each therapist' attunement to the world is different since, through their embodiment, their openness to the world is shaped by the culture they are immersed in and its specific social practices. This is discussed in the next section.

3.3.3 - A Feminist nuance to Merleau-Ponty's perspective on the body

Feminist philosophers have written extensively on the subject of embodiment; a part of this chapter summarises the different perspectives on the body and their implications for intersubjectivity.

In Western philosophy and until recently, the body has been conceptualised in terms of its biological attributes, as a vessel to train and control and, at times, as a source of disruption for the mind (Lennon, 2010; Bordo, 1993). Historically women have been associated with the body, the biological, the natural and men with the mind, reason and rationality. This mind-body opposition is linked to the male-female opposition which has problematic implications in terms of power and social status for women. So it is no surprise that a lot of the literature on embodiment comes from feminist writers since further understanding embodiment and the constructions of sexual difference has been and is crucial to challenge inequalities.

What has not been addressed by Merleau-Ponty, according to feminist theories, is how particular cultures and social practices create a particular way in which we inhabit our bodies and therefore a particular experience (Aho, 2005). Early feminist critiques of Merleau-Ponty, including de Beauvoir and Irigaray, interpreted his philosophy of the body as one that did not take into account gender.

Like Merleau-Ponty De Beauvoir (1997) argues that being in the world means that there is a body that is both a physical thing in the world and a perspective towards the world; however

she adds that this embodied existence and perspective is lived differently for men and women. Being a woman in a patriarchal society is not the same situation as being a man in a patriarchal society; this difference has implications on how the bodies are lived, on embodiment. For de Beauvoir (1997) women are educated to live their bodies as objects for the other's gaze and then internalise this gaze thus creating a body as objects for themselves and others.

Irigaray (1985), influenced by Lacan's psychoanalytical theories and Derrida's deconstruction, argues for the recognition of sexual difference; she proposes that there is a correspondence between the morphology of the body and the structure of certain thought processes. She describes the male economy and western thoughts as marked by the principles of identity, binarism, of distinguishing without ambiguity one from an other. This is a reflection of the male sex organ, the sex which is one and which represents the possibility of the individual. In contrast she describes the female economy as marked by an ambiguity of individuation, a fluidity and multiplicity. She sees this as a reflection of the female sex organ, the sex which is not one. Irigaray (1985) tells us that "the contact of at least two (lips) keeps woman in touch with herself, but without any possibility of distinguishing what is touching from what is touched" (p79).

In different ways, both de Beauvoir and Irigaray nuance Merleau-Ponty's (1962) idea that "the body is pure presence to the world and openness to its possibilities" (p148). However Irigaray seems to say that there is something inherently intersubjective in the female body and therefore in the female economy. The female economy is fluid and as Merlin (2003) points out "Fluids mingle, each changing in the other. Neither one will ever be the same after the exchange" (p175).

Kristeva, philosopher, feminist and psychoanalyst, is also influenced by structuralism and Lacan's work. Like Irigaray, her work has contributed to post-structuralist thought. Kristeva (1982) writes about "the abject" and describes it as something that disgusts us, as what provokes a bodily reaction such as nausea (such as wound, blood, excrements, skin of milk...). She explains that we respond in that way to things that threaten our sense of self and the sense of boundary between oneself and the other. This response is, for Kristeva (1982), the irruption of the body into our lives. This irruption brings us back to our relation to the maternal body; a relation in which there was no separate self. To achieve a sense of self I have to firstly reject that which is not me bodily and then enter into the symbolic order and learn language. With her concept of the abject, Kristeva talks about the existence of an

ambiguous space which is “in between myself and the other, both me and not me, and consequently that which reminds us of the constructedness and instability of the boundary which is taken to constitute a single subject” (Lennon, 2010). So Kristeva describes an intersubjective space or intercorporeal space from which a subject emerges through the rejection of the maternal body. Oliver (1993) proposes a less violent alternative for the emergence of the subject, she writes about the baby’s dependence on the mother (including via the placenta, in the womb) as the model for a non-violent understanding of intersubjectivity, a model which offers a basis for ethical thought. For Oliver (1993), subjectivity can emerge without rejecting the other; a dimension of relationship in which the boundaries between me and the other are not clear does not necessarily represent a threat to the self. As we will see below, with Butler, Kristeva’s concept of the abject will lose its bodily aspect to become a consequence of discourse and social norms.

Drawing from Foucault, Bordo (1993) suggests that habitual activities “are often far more powerful lessons than those we learn consciously, through explicit instruction concerning the appropriate behaviour for our gender, race, and social class” (p10). Bordo draws attention here to the way in which dominant discourses in society create norms according to which bodies are trained and shaped through habitual practices (i.e. dieting, exercise, cosmetic surgery...). Power, here, is manifested in the power of the dominant culture over the individual through habitual practices where the individual polices her body in compliance with the current social norms (Lennon, 2010). So bodies carry social meanings, however, in a postmodern context, a same practice can carry not one but multiple meanings: female slenderness can suggest a colonised body or can express independence and freedom (Bordo, 1993).

Butler’s (1990) perspective on habitual practices goes further; she proposes that these practices are not just a way in which already male and female bodies perfect their gender but they are in fact the very process that creates the concepts of male and female in the first place. Lennon (2010) writes that “the effect of repetition of acts of this kind is to make it appear that there are two distinct natures, male and female”. It is through this repetition of acts that, according to Butler (1990), we perform our gender. Butler (1990) rejects the idea that gender difference is a biological given. Sex or the division of bodies in two sexes is produced by social norms; biology is also framed by discourses. She echoes Foucault for whom discourses do not describe identities (including gender and race) but in fact produce them. We have social scripts that we repeatedly perform; besides, these social scripts

maintain the power of certain group (i.e. men, heterosexuals). The other groups (i.e. women, homosexuals, disabled people) are the outsiders; they represent for Butler the abject. So her concept of the abject differs from Kristeva's and becomes a category of exclusion that has its source in discourses (Lennon, 2010). Although, for Butler (1993), it is discourses that materialise bodies, she nevertheless tells us that there is something about the body that remains outside of discourses. However this something can only be approached by creating new discourses.

What is lacking in Butler's theory, according to transsexual theorists such as Prosser (1998) and feminist theorists of disability such as Mair (1996), is that not enough attention is given to understanding and describing the experience of embodiment. It is this approach to embodiment that has been addressed by feminist phenomenologists.

In the 1970's, feminist writers such as Young first followed the path opened by de Beauvoir's work on the lived body, the body in situation. However it is in the 1990's, with writers such as Alcoff (2006) or Kruks (2001), that there is a greater return to phenomenology and re-consideration of Merleau-Ponty's work (Lennon, 2010). Young (2005), who is interested in women's lived body experiences in modern western societies, suggested that the lived body and the lived space is different depending on gender:

“An essential part of the situation of being a woman is that of living the ever-present possibility that one will be gazed upon as a mere body, as shape and flesh that presents itself as the potential object of another subject's intentions and manipulations, rather than as a living manifestation of action and intention. The source of this objectified bodily existence is in the attitude of others regarding her, but the woman herself often actively takes up her body as a mere thing. She gazes at the mirror, worries about how it looks to others, prunes it, shapes it, moulds it, decorates it” (p155).

Like de Beauvoir, Young (2005) points out how western cultures and social norms impact on the female body, on female lived embodiment and produce an inhibited intentionality. She challenges Merleau-Ponty's (1962) idea of the body as pure presence to the world by showing that, for women, the pre-reflective engagement to the world is not pure but restrained or obstructed.

Alcoff's (2006) work focuses on looking at the relation between people's experience of their bodies and of other's bodies and social identities. She proposes that certain identities are

anchored in certain bodily features; bodily features that have been given a particular social significance:

“Both race and sex (...) are most definitely physical, marked on and through the body, lived as material experience, visible as surface phenomena and determinant of economic and political status” (Alcoff, 2006: 102).

Because these features are anchored in the body and visible, we tend to see race and gender as natural categories, as natural identities as opposed to constructed categories.

Kruks (2001) argues for a re-reading of Merleau-Ponty and a focus on lived experience and the sentient subject; both, she claims have disappeared in postmodern theory. She writes:

“A focus on what we might call a sentient subject allows us to rethink a range of questions: about volition, knowing, acting; about relations with others; and about how differently sexed and raced (and aged and enabled) bodies imbue subjectivity differently” (Kruks, 2001: 13).

Only this focus can account for the embodied subject that exceeds the realm of the discursive; for the kind of experiences that elude speech “for we often experience what is not only unspoken but even unspeakable” (Kruks, 2001: 14).

Feminist theories, through their work on embodiment, play an essential role in social and political thought but they also provide ways of thinking about the relation between the body, intersubjectivity and subjectivity. As Weiss (1999) reminds us

“The experience of being embodied is never a private affair, but is always already mediated by our continual interactions with other human and non-human bodies” (Weiss, 1999: 5).

These theories highlight the intersubjective nature of embodiment and how the way we live our bodies, our experience of embodiment, shape our sense of self. These theories help us understand how bodies are intersubjectively shaped but also what is brought in an encounter by each embodied subject; the combination of which will form the intersubjective dimension of the encounter. To summarise, in line with both Merleau-Ponty and Sartre, this project views embodiment as what weaves us into the intersubjective matrix. Against Sartre however who argues that we can exist as pure object or pure subject, this project aligns itself with Merleau-Ponty’s position which proposes that we exist somewhere in between. What we lose with this position is the possibility of full transparency, full self-awareness, but what we

gain is other-awareness. This perspective has essential implications for the practice of psychotherapy since it offers a medium (embodiment) through which therapists can access the other. Subjectivity is intersubjectivity and always already contains the possibility of the other. Merleau-Ponty's position is key to understanding how therapists' self-awareness is simultaneously other-awareness. It also helps us understand certain therapists' experiences such as a fluctuating sense of self or moment in which it is difficult to know what belongs to them and what belongs to their clients. Gendlin's felt sense as interaction offers a way to understand what weaves the embodied dialogue between therapist and client and how therapists can have an experience of clients and situations that is direct and that happens prior to any cognitive process. The feminist approach to embodiment is crucial in relation to this topic since it allows us to examine what therapists bring, through their lived body, in the encounter with their clients. Each therapist (and client) bring a unique history of entanglement with the world and others and the unique way in which they have and are embodying the cultural and social demands of their environment. So embodiment is the horizon within which therapists meet their clients; this points to the importance for therapists to explore their embodied way of being in the world so as to understand the 'lens' through which they see or sense their clients.

We now turn to the relational turn in psychoanalysis which is, as well as the phenomenological understanding of intersubjectivity, a thread that led to an emphasis on the relational dimension in psychotherapy.

3.4 - Psychoanalysis and the Relational Turn

Although traces of an intersubjective understanding of the therapeutic relationship can be found in classical psychoanalysis in the works of Freud and some of his followers, it is with the influence of the relational turn and findings in infant research that psychoanalysis moves towards a more intersubjective orientation; however with a conceptualisation of intersubjectivity that has lost its phenomenological roots as we will see with the works of Stolorow & Atwood (1984), Benjamin (1999) and Ogden (2004).

In his book, *Recommendations to Physicians Practising Psycho-Analysis*, Freud (1912) wrote:

“He [the analyst] must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound waves the electrical oscillations in the telephone line which were set up by sound waves, so the doctor’s unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient’s free associations” (p115).

With this analogy Freud describes a non-verbal exchange between analyst and patient that happens through the unconscious and in which the analyst uses themselves as an instrument of the analysis. Freud (1915) was curious about this exchange and wrote a few years later: “It is a very remarkable thing that the unconscious can react upon another, without passing through consciousness” (p126). Despite an interest in this dimension of the interaction, Freud took another direction and chose to explore the interrelations between the different levels of consciousness: conscious, preconscious and unconscious. Brown (2011) suggests that Freud’s ambivalence towards the analyst’s countertransference and its use in the analysis probably explain his decision to not further explore unconscious communication. It is possible that he chose not to emphasise this aspect of his clinical experience since it could not be integrated in his theoretical framework; the possibility of unconscious communication did not fit with the view of mind as isolated from the world and his focus on intra-psycho processes. The clinical work of some of Freud’s followers, Reik (1948) and Isakower (1963) for instance, also pointed to an intersubjective view of the therapist-client relation. But perhaps because they could not reconcile their clinical approach and Freud’s theoretical framework psychoanalysis did not move in an intersubjective direction at the time.

According to Brown (2011) the move from classical analysis toward “the psychological region of reciprocal relationships” and towards a two-person psychology came from clinical psychoanalysis and began when the analyst’s countertransference started to be seen not as an obstacle but as an instrument to understand patients’ inner world (p 35). Enactment - which started to be seen as an unconscious happening between analyst and patient and as a joint creation of the dyad - began to be viewed as an inevitable step in the therapeutic process. The relational paradigm changed the position of the analyst who went from a position of neutrality to an active engagement in the therapeutic relationship through interpretations and use of the countertransference. The focus of the sessions changed from the ‘there and then’ to the ‘here and now’ of the relationship between analyst and analysand. Psychoanalysis’ move

towards a more intersubjective orientation also resulted from infant research's findings which began to describe innate and acquired processes of intersubjectivity in the first few years of life (Stern, 1971, 1974; Tronick, Als & Adamson, 1979; Trevarthen (1979) as well as from findings in neuroscience, in particular the works of Gallese, Keysers and Rizzolatti (2004) on the mirror neuron system.

Within the relational perspective Thompson (2005) tells us that there are three main approaches to intersubjectivity: (1) Stolorow and Atwood (1984) who locate intersubjectivity in phenomenological systems-theory; (2) Benjamin (1999) who uses the concept of intersubjectivity to refer to the process of mutual recognition in relationships and (3) a third approach that views intersubjectivity as unconscious communication between analyst and patient.

Intersubjective psychoanalysis is, according to Atwood and Stolorow (1984) about rejecting the traditional paradigm of the isolated mind. They propose an intersubjective-systems theory which is about the constitution of psychological systems made of the interplay of the differently organised experiential worlds of the analyst and patient. So they move away from viewing intersubjectivity as an unconscious process; instead they attempt to locate intersubjectivity in the realm of experience, at the point of contact between two experiential worlds. In doing so they come closer to a phenomenological view of intersubjectivity. However their theory have been criticised by Benjamin (1999) and other intersubjective theorists as it does not seem to offer more than a theory about the meeting of two subjectivities; it fails to fully embrace the phenomenological perspective that views intersubjectivity as rooted in concrete experience (and not just as an ontological condition for experience).

Benjamin (1999) offers a different view of intersubjectivity and sees it as a process of mutual recognition:

“intersubjectivity refers not merely to the generalisation that we operate in the presence of two persons, in an interpersonal field, but to the specific matter of recognising the other as an equivalent centre of being” (p201).

Drawing from the British object relations tradition and conventional psychoanalytic approach on childhood development, Benjamin (1999) sees intersubjectivity as a developmental achievement; intersubjectivity is the aspect of interpersonal relationship which is about “the

tension between negating and recognising the other” (p201). The mutual survival of the other as subject in an encounter is what creates the intersubjective.

The third approach to intersubjectivity includes many different theories; they have in common to depart from conventional drive / defence theories and a focus on social reality; the emphasis is on the relationship between analyst and analysand with an attention to the countertransference and the use of projective identification (Thompson, 2005). Intersubjectivity’s dialectical nature is mainly explained using Winnicott’s thinking on the mother-child system: “there is no such a thing as an infant” without a mother or maternal care (Winnicott, 1960: 587). In this approach intersubjectivity is seen as a process of unconscious communication between analyst and analysand. Ogden (2004) calls “the analytic third” the product of the unconscious interplay between analyst and analysand; he sees this analytic third as a co-created unit. Ogden (2004) views projective identification as an expression of the analytic third in which the individual subjectivities of analyst and analysand are subjugated by a co-created third subject of analysis. The analytic work is then, for Ogden (2004), about going beyond the analytic third. This is possible when analyst and analysand recognise each other as separate subjects and re-appropriate their transformed individual subjectivities.

With the influence of intersubjective theories contemporary psychoanalysis has rejected in theory the myth of the isolated mind. However, in practice, modern psychoanalysis still relies on complex concepts (transference, countertransference, projective identification...) to explain how one can know the other. By viewing intersubjectivity mainly as a dimension of unconscious communication between analyst and patient, it proposes that analysts can experience the unconscious psychic life of their patients through their countertransference which happens through intersubjective communication. In doing so the psychoanalytic clinical approach seems to retain a separation of self and other. In contrast to the contemporary psychoanalytic view of intersubjectivity, this project remains rooted in the phenomenological approach to intersubjectivity which locates it in conscious experience and sees it as a phenomenon that is always already there through embodiment. With this approach therapists and clients can directly know each other through their fundamental embodied intersubjective make-up.

How we can know the other is a question that has been researched extensively in the fields of developmental psychology, neuroscience and the interdisciplinary field of embodied cognitive science. The next section will look at their respective contributions.

3.5 - Developmental Psychology, Neuroscience and Embodied Cognitive Science

Our ability to know the other is approached differently in the fields of developmental psychology, neuroscience and embodied cognitive science through their contrasting views on which mechanisms underlie the process of intersubjectivity. For developmental psychology innate intersubjectivity is possible through our biological ability to imitate the other; for neuroscientists intersubjectivity relies on a system involving mirror neurons which allows us to simulate in ourselves what the other is experiencing; in embodied cognitive science the mechanism underlying intersubjectivity is enaction which is the embodied response that is coupled with perceiving the other. These approaches are presented in turn; the relevance of the enactive approach for this topic is discussed at the end of this part.

3.5.1 – Infant Research

Infant research has shown that the process of relating and understanding the other starts long before learning how to speak and relies on processes of intersubjectivity which develop from birth and during the first four or five years of life:

- An innate intersubjectivity that relies on biological mechanisms such as mirroring and imitation - mechanisms whose neural correlate is the mirror neurons system which will be presented in the next part - (Stern, 1971, 1974; Tronick, Als & Adamson, 1979; Trevarthen, 1979; Rochat et al, 2009);
- A primary intersubjectivity which involves a mutual attention and intention: there is a reciprocity between self and other (Trevarthen, 1979; Rochat et al, 2009)
- The secondary intersubjectivity starts when triadic interactions occur, there is a joint attention of both self and other towards a third element; the tertiary intersubjectivity goes beyond joint attention to joint evaluation: self and other evaluate object and situations through negotiation (Trevarthen & Hubley, 1978; Trevarthen, 1979; Tomasello, 1995; Rochat et al, 2009).

So in developmental psychology, the process of intersubjectivity includes both the embodied and pre-reflective understanding of the other and the different aspects of relating with the other (intentional communication and co-experiencing). It includes both the innate intersubjectivity and the intersubjectivity which is achieved during development.

Infant research describes a self that is co-created through interaction with their environment; the interaction between environment and self is well documented in the literature (McCluskey, 2005; Fonagy et al, 2004; Gerhardt, 2004; Stern, 1985). Infants are not behaving within a social vacuum but are straight away connected with others and are taking part in mutual imitating behaviour and responding to their caregivers (Meltzoff & Moore, 1979; Trevarthen, 1979).

Clinical work with infants has identified an interactional process – attunement - that can be applied to the therapeutic encounter. Attunement is an intersubjective process (Stern, 1985; Beebe and Lachmann; 1998) which refers to “the act and processes that let other people know that you are feeling something very like what they are feeling” (Stern, 1985: 138). Stern (1985) describes the process of attunement between infant and caregiver as follow:

“Several processes must take place. First the parent must be able to read the infant’s feeling state from the infant’s overt behaviour. Second, the parent must perform some behaviour that is not a strict imitation but nonetheless corresponds in some way to the infant’s overt behaviour. Third, the infant must be able to read this corresponding parental response as having to do with the infant’s own original feeling experience and not just imitating the infant’s behaviour. It is only in the presence of these three conditions that feeling states within one person can be knowable to another and that they can both sense, without using language that the transaction has occurred” (p139)

Attuned interactions include rhythm of exchange, co-ordination of sound and movement, facial expressions, gaze and touch. These attuned interactions are what Schore (2003a) describes as “right-brain-to-right-brain emotion-transacting mechanism” (p48).

3.5.2 – Mirror Neurons

In the field of neuroscience, and agreeing with developmental research, Giacomo Rizzolatti, Vittorio Gallese and other neuroscientists working as part of the ‘Parma group’, suggest that our ability to know the other does not rely on the mental and linguistic skills we acquire

throughout our development but is rooted in the systems involving mirror neurons. Gallese (2003) proposes that

“the same neural structures that are involved in processing and controlling executed actions, felt sensations and emotions are also active when the same actions, sensations and emotions are to be detected in others” (p171).

This mirroring mechanism constitutes the basis for our intersubjective experiences by allowing another mechanism: embodied simulation. All interpersonal interactions rely, according to Gallese (2010) on the unconscious embodied simulation routines: when we observe an action our motor system automatically respond by simulating the observed action as if we were executing it. Echoing Merleau-Ponty’s idea of reversibility, he suggests that:

“self and other relate to each other, as they both represent opposite extensions of the same correlative and reversible system *self/other*. The observer and the observed are part of a dynamic system governed by *reversibility rules*” (Gallese, 2003: 176).

According to the Parma group, the mirror neuron system allows for embodied simulations which give us a direct experiential understanding of others (Gallese, Keysers and Rizzolatti, 2004). This attunement to the other’s action and intentions in acting are seen as preconscious and precognitive.

As we will see in the next part, from an embodied cognitive perspective, the mirror neurons system does not allow for simulation but enaction.

3.5.3 - Embodied Cognition

The field of embodied cognition is informed by phenomenology. Embodied cognition involves Merleau-Ponty’s (1962) body-subject; it involves the lived body, the perceiving and moving body that is in continual interaction with the world and others. Enactive perspectives on embodied cognition see body, brain and environment as one system in which mind is not located just in the head but located in that system (Gallagher & Varela, 2003; Thompson, 2007; Thompson & Varela, 2001). So, in this approach, cognition includes body processes and the relational process between body and environment. The mirror neurons system, viewed through the lens of embodied cognition, does not allow for the simulation of the other’s actions and intentions in oneself but rather allows for the enactment of what is perceived. Enactment or ‘embodied action’ is the embodied response that is coupled with

perceiving. Perceiving and responding (or enacting) are two aspects of the same action. It is this dual process of perception that allows for a direct grasp of the other's state. Enactment is what Merleau-Ponty (1968) calls 'counter-perception':

“Every perception doubled with a counter-perception... is an act of two faces, one no longer knows who speaks and who listens” (p 264).

It is possibly the process which enables babies in their first hours of life to imitate adult facial expressions; it is not imitation or simulation but an embodied response to their interacting with an other.

So following the enactive perspective, perceiving is interacting. Embodied interaction is what creates the possibility for mutual understanding and co-creation of meaning (De Jaegher & Di Paolo, 2007; De Jaegher, Di Paolo & Gallagher, 2010; Gallagher, 2009).

The enactive approach to embodied relating can be seen as the mechanism underlying Merleau-Ponty's concept of the flesh where perceiving and enacting are the threads that constitute the flesh, they are the threads that inextricably link us to others and the world. This enactive embodied approach to intersubjectivity is crucial for this project as it offers a theoretical basis for the phenomenon of embodied dialogue between therapist and client. The mutual and reciprocal dual process of perceiving – enacting constitutes a continual feedback loop between therapist and client; process which allows both member of the dyad to have a constantly updated sense of the other. Embodied interaction or embodied relating, with its underlying mechanism of enaction, is how therapists can have a direct sense or knowledge about their clients.

We now turn, in the following section, to the psychotherapy literature and the more experiential evidence of the phenomenon of embodied intersubjective relating.

3.6 - Embodied Intersubjectivity in the Therapeutic Encounter

I have found in the psychotherapy literature concepts, research and reflexive accounts that describe phenomena occurring through the embodied intersubjective dimension of the therapeutic encounter and which constitute aspects of the embodied dialogue between therapist and client. Concepts such as moments of meeting (Stern et al, 1998), meeting at relational depth (Mearns and Cooper, 2005), implicit knowing (Lyons-Ruth, 1998; Stern et al,

1998), qualitative research on therapists' presence (Geller and Greenberg, 2002) and on therapists' experience of bodily phenomena in the therapeutic encounter (Shaw, 2003) as well as examples of therapists' reflexive accounts addressing their experience of the embodied dialogue are presented in turn in this final section.

3.6.1 - Moments of meeting

The Boston Change Process Study Group, which is a group of psychologists, analysts and analytic theorists interested in the process of change in psychoanalytic therapies, have observed that patients remember particular moments of real, special connection with their therapists. These moments changed the relationship and changed how patients view themselves. So they propose that 'something more' than interpretation is needed for change to happen in psychoanalytic treatment and that these moments of intersubjective meeting constitute the crucial part of the change process (Lyons-Ruth, 1998). Stern et al (1998) uses the term "moments of meeting" or "now moments" to describe these moments and proposes that they are mutually created by patient and therapist:

"The therapist must use a specific aspect of his or her individuality that carries a personal signature. The two are meeting as persons relatively unhidden by their usual therapeutic roles, for that moment. Also, the actions that make up the moment of meeting cannot be routine, habitual or technical; they must be novel and fashioned to meet the singularity of the moment" (p 913)

These moments of meeting resemble Buber's (2010) I-Thou relating which is about mutuality, presence and openness. It is also similar to Mearns and Cooper (2005) meeting at "relational depth" which is a type of meeting that requires a particular kind of engagement and presence from both members of the dyad. They define "relational depth" as:

"a state of profound contact and engagement between two people, in which each person is fully real with the other, and able to understand and value the other's experience at a high level" (Mearns and Cooper, 2005: xii).

Cooper (2005) proposes that it can be conceptualised as a form of co-presence or co-flow between therapist and client in which what is created may be more than the sum of its individual parts.

In the transpersonal psychotherapy field, Budgell (1995) describes a particular situation that occurs in therapy in which a blurring of personal boundaries occurs. In her unpublished thesis, Budgell (1995) calls this phenomenon “linking” and describes this experience

“as near fusion, a communion of souls or spirits and a blurring of personal boundaries. To achieve this, both parties have to give up something of themselves while remaining separate. It is not symbiosis but the other end of the spectrum, as described by Wilberg (1980). It is the transpersonal sense of relinquishing self. Symbiosis is about being cosy, but this is about working through pain and fear. It is a sacred experience and yet natural and there all the time. It comes from the spiritual or transpersonal realm, being a step beyond empathy and the natural plain (p33).

Linking is not empathy according to Rowan (2005) in that it is not about the therapist trying to understand and get a sense of the other’s experience, it is not about the therapist pretending temporarily to be in the client’s shoes; it is about the therapist’s world and the client’s world overlapping for a moment. This overlap involves a loosening of the boundaries of the self. Linking is not countertransference or projective identification essentially because they are both unconscious processes whereas linking can be consciously experienced by both therapist and client (Rowan, 2005).

3.6.2 – Embodied Knowing

Reich’s (1972), known as the father of body psychotherapy, believed in an embodied understanding between therapist and patient; his view on intersubjectivity anticipated current findings in neuroscience and embodied cognitive science:

“The patient’s expressive movements involuntary bring about *an imitation* in our own organism. By imitating these movements, we “sense” and understand the expression in ourselves and, consequently, in the patient. Since every movement is expressive of a biological condition (...) the language of facial and body expression becomes an essential means of communicating with the patient’s emotions. As I have already pointed out, human language *interferes* with the language of the face and body. When we use the term “character attitude”, what we have in mind is the *total expression* of an organism. This is literally the same as the *total impression* which the organism makes on us (p362).

We find in Reich's quote the idea of the double-sidedness of perceiving where perceiving means both sensing and responding, where sensing oneself is also sensing the other. His understanding echoes Gendlin's concept of felt sense and Merleau-Ponty's idea of reversibility. Reich describes here a way of understanding the other that occurs through him experiencing and being aware of his involuntary imitation or embodied response to the other. Bollas' (1987) concept of the 'unthought known' describes a similar embodied way of knowing the other:

"some analysands ...precipitate complex body tensions within us which we endure but to which we may give little attention... we somatically register our sense of a person: we 'carry' their effect on our psyche-soma and this constitutes a form of somatic knowledge which again is not thought" (Bollas, 1987, p.282).

The embodied knowledge therapists gain by being affected by clients is mainly pre-reflective; although part of it can emerge in reflective consciousness.

Ben-Shahar (2012) calls the process of being affected by clients and responding to them 'resonance'; he describes it as:

"A primarily nonverbal affective response to what is taking place in the other. It is a conversation taking place between bodies and unconscious processes, where the other moves and lives through us and is deeply felt through our bodies" (Ben-Shahar, 2012: 14).

Resonance is the process that allows therapists to attune to their clients (Ben-Shahar, 2012). It is an embodied and direct way to access knowledge about the other. The relational field created through reciprocal attunement is, according to Ben-Shahar (2012), a field in which nothing is mine or the other only; it is a space where thoughts, feelings, emotions, images come from the system created by both. Through resonance and attunement the boundaries between self and other are blurred which allows therapists to have a direct sense of their clients. Hartley (2002) suggests something similar when she writes that, in therapy, there are "moments of intuitive knowing where duality, for a moment, falls away" and where therapist and client "dance together in a shared truth" (p1).

In the field of Dance and Movement Psychotherapy Samaritter and Payne (2013) describe a process of attunement that occurs through movements. They propose that it is possible to know about the other's feeling state through "embodied, kinaesthetic experiences" (Samaritter and Payne, 2013: 143). They describe the concept of "partnering" in which client

and therapist form a duet and improvise a dance, in doing so “the duet partners form a non-verbally attuning dyad” (Samaritter & Payne, 2013: 143). Through movements, partners attune to each other and get a sense of their own and the other’s movement patterns.

Through their embodiment therapists are continually affected and responding to their clients. Resonating with and attuning to clients constitutes an embodied way of knowing. However embodiment is not neutral openness to the other. Therapists and clients bring to the encounter, through their embodiment, their own history of relating with others. This aspect of the embodied dialogue is presented in the next part.

3.6.3 - Implicit Relational Knowing

According to the Boston Group, both therapists and clients bring their own implicit relational knowing to the therapeutic encounter; these ‘knowings’ are not symbolically coded in language but operate on the procedural level (Lyons-Ruth, 1998; Stern et al, 1998). Like we have a procedural knowledge about how to ride a bike for instance, we have a procedural knowledge about relating which has been created through relating since birth. Implicit relational knowing is what Totton’s (2015) refers to as relational engrams. These knowings are dynamic and continually evolving:

“implicit relational knowing is constantly being updated and ‘re-cognised’ as it is accessed in day-to-day interaction” (Lyons-Ruth, 1998: 285).

The Boston group sees the intersubjective field as the intersection of the patient’s and therapist’s implicit relational knowing:

“The ‘real relationship’ is the intersubjective field constituted by the intersection of the patient’s and therapist’s implicit relational knowing. This field extends beyond the transference-countertransference domain to include authentic personal engagement and reasonably accurate sensings of each person’s current ‘ways of being with’” (Lyons-Ruth, 1998: 285).

Lyons-Ruth describes here a mode of relating in which the borderline between self and others is permeable and individuals share certain knowledge about each other and the relationship.

Echoing the Boston Group, Totton (2015) proposes that, in early childhood, our body learns ways of relating with others, ways of being-with. The repetition of these leads to the

formation of patterns that we ‘carry’ in our body. These mainly implicit patterns become part of our embodiment or ways of inhabiting our body. They become part of our adult repertoire to relate with others. Totton (2015) calls these embodied patterns ‘engrams’ (p36):

“Our embodied relational engrams are formed in our earliest relationships; and we use them, for better or worse, as blueprints in each attempt to negotiate new encounters. They are enormously powerful in shaping our experience, and, equally, in shaping other people’s experience of us: human bodies constantly respond to and become entrained with each other’s relational engrams” (p36-37).

This part points to the importance for therapists to be as aware as they can of what they bring to the encounter, of how they tend to be affected by and respond to others, of how they tend to relate to others, since the implicit relational knowing or embodied patterns of relating are the dynamic lenses through which therapists experience their clients and know them; they are what therapists and clients bring to the encounter and affect each other with.

3.6.4 - Qualitative Study on Relational Depth

In the person-centred field the key for a strong therapeutic relationship is the depth of therapeutic relating between therapist and client (Knox & Cooper, 2011). In a qualitative study about person-centred therapists’ experience of relational depth carried out by Cooper (2005), all interviewees describe a feeling of strong empathy; for some of them this experience of empathy is embodied in that they mirror in their body what they sense the client is feeling. Therapists describe feeling affected by the client and more able to bring vulnerable parts of themselves. It is a moment in which they can learn about themselves. Therapists also describe a greater acceptance and openness towards their clients, a feeling of being immersed in the therapeutic work, of being more focused, aware, perceptive and alive. Certain therapists talk about being “in a bubble”, “in the moment”. Therapists describe experiencing their clients as “transparent” and “real”, as talking from “the core of their being”, from a place of vulnerability.

During moments of relational depth therapists experience closeness or intimacy, a feeling of “flow”, a sense of “co-openness” and mutuality. Mutuality appears as an essential ingredient for these moments of relational depth. Therapists perceive their clients as having similar feelings and attitudes towards them. Even further, according to therapists, not only clients

reciprocate these feelings and attitudes but they also acknowledge the therapists' acknowledgement of them.

This research, through the mutuality and reciprocity of feelings and attitudes that therapists experience, suggests that moments of relational depth are possibly jointly created by therapists and clients. It is a particular quality of presence from both therapist and client which is perceived by both – a form of co-presence - that is needed to reach moments of relational depth. The concept of presence is further discussed in the next part.

3.6.5 - Therapist's Presence

The concept of presence has been defined in different ways: as both an openness to the client's experience and to one's own experience of being with this client (Bugental, 1989); as availability and wholeness of the therapist's self (Hycner, 1993); as an emptying out of the self and an opening up to the experience of the client (Clarkson, 1997). Expanding on these ideas and drawing from his qualitative study carried out with Greenberg in 2002, Geller (2013) proposes that:

“Therapeutic presence involves (a) being in contact with one's integrated and healthy self, while being (b) open and receptive, to what is poignant in the moment and immersed in it, with (c) a larger sense of spaciousness and expansion of awareness and perception. This grounded, immersed and expanded awareness occurs with (d) the intention of being with and for the client, in service of their healing process” (p 175).

Geller (2013) finds that certain of his research findings echo ideas that Rogers developed about presence towards the end of his career. In a reflexive mode Rogers (1980) beautifully describes in the quote below his experience of a particular way of being-with which seems to illustrate Geller's definition of presence:

“When I am at my best, as a group facilitator or as a therapist, I discover another characteristic. I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then, simply my presence is releasing and helpful to the other. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways in which I cannot justify rationally, which have nothing to do with my thought processes. But

these strange behaviours turn out to be right, in some odd way: it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present (Roger, 1980: 129; in Geller, 2013).

Roger seems to describe a way of being with that does not involve reflective self-consciousness but a transcending of self; a way of being that is not guided by his thought processes but by the dynamic relation with his client. Like Cooper's (2005) concept of relational depth, I believe Roger alludes towards the end of the quote to the need for mutuality and reciprocity in the relationship so that a transcending of the relationship itself can occur.

In their research, Geller and Greenberg (2002) found that, according to the interviewed therapists, the most important aspect of presence is a particular state of receptiveness that is crucial in being able to understand and respond to clients' experience and needs. This receptivity, according to Geller (2013), involves the therapist being open to the client's world including their verbal and bodily expression of it, but also to their own bodily experience. It is then by checking their bodily sense that the therapist can offer an attuned response to the client:

“Being fully present then allows therapists to access an attuned responsiveness that is based on a kinaesthetic and emotional sensing of the other's affect and experience as well as one's own intuition and skill and the relationship between” (Geller 2013: 177; Geller & Greenberg, 2002).

So in relation to this project presence seems to be an embodied process that allows therapists to attune to themselves, to how they are affected by their clients and to the embodied dialogue. It is a process that allows therapists to access an embodied knowledge about the other and the relation.

3.6.6 - Therapists' Experience of Bodily Phenomena in the Therapeutic Encounter

In his book drawing from his Ph.D. research, *The Embodied Therapist*, Shaw (2003) uses psychotherapists' accounts of their experience of bodily phenomena in the therapeutic encounter to show the limitations of the current discourse in psychotherapy regarding somatic phenomena and to propose ways to integrate these bodily senses in the work with clients. This research is similar to Shaw's project in that it aims at addressing these limitations and at

showing therapists' ways of using their senses that are not very present in the current literature.

Shaw (2003) suggests that therapists can create a "body story" of the therapy; in sharing their bodily experiences with their clients, therapists' bodies become an essential part of the co-constructed therapy narrative (p 5). Shaw (2003) calls "body empathy" the embodied senses the therapist experience when with a client and suggests it could be used as an alternative to countertransference; the psychoanalytical model of countertransference sees the therapist's embodied senses as originating from the client whereas Shaw encourages therapists to own these embodied senses, to explore them through a narrative perspective and view them as emerging from a co-created "body story" (p 6). Shaw's (2003) approach to embodied phenomena as intersubjective and to therapist's embodied senses as a mean to understand the intersubjective dimension of the therapeutic encounter coincides with this research project's approach to embodied phenomena and their roles in the therapeutic encounter.

Other practitioners-researchers (Athanasidou and Halewood, 2011; Jakubowski, 2012; Vulcan, 2009) have explored how therapists are affected by their clients in a bodily way. Egan and Carr (2008) have created a scale - the Body-Centred Countertransference Scale - that measures this effect using sixteen bodily phenomena. Therapists' somatic experiences are understood by these researchers as a potential effect of the countertransference. This project takes a different approach to embodied phenomena by seeing them as always already there in an encounter. Therapists and clients continually affect each other; their embodied relating is seen as co-created.

3.6.7 - Therapists' Reflexive Accounts and Case Studies

Certain therapists have chosen to explore embodied intersubjectivity through their personal experience of it. I have found, in the literature, therapists such as Orbach (2000), Smith-Pickard (2009) and Asheri (2009) who write about their embodied intersubjective experiences in the forms of reflexive account or case studies:

- In her book *The Impossibility of Sex*, and reflecting on her work with her client, Orbach (2000) describes a moment in the therapeutic encounter where an insight she has about herself or the client or the relationship changes the quality of the intersubjective space; the client then feels that change in the co-created space and

might get a sense of what is happening for her. Something is shared through the embodied intersubjective space. Orbach (2000) writes:

“It is often the case that when a therapist makes a shift inside herself because she has understood something about her feelings in relation to a patient, or allowed for some possibility, that wordlessly, almost miraculously, the atmosphere changes” (p36).

Later on she adds that her client might “subliminally” pick up on what happens for her (p36).

- Reflecting on his practice and experience of the embodied dialogue, Smith-Pickard (2009) writes:

“When I am working with another person I am constantly attempting to be aware of the strength of their impact on me as well as trying to judge my impact on them. Mostly I experience this in the form of a bodily awareness in the ebb and flow of contact and loss of contact. Often when I concentrate on my bodily felt-senses, words come to me in the form of questions, comments or interventions that are spontaneous” (p76).

Smith-Pickard (2009) describes the therapeutic encounter as a dance in which he becomes someone different, someone he could have never become unless with that particular client.

- Asheri (2009) describes a “zone” in the therapeutic encounter in which change can happen. It is a zone in which

“[both client and therapist] dare to flirt with a sense of aliveness that starts where habitual ways of relating end”; this happens when meeting at the “edge of subjectivity”, through an “intersubjective engagement” (p 119).

Entering this zone she finds herself “into a trance-like state of consciousness, like the moment before entering sleep, when both wakefulness and dreaming co-exist” (Asheri, 2009: 111).

These are only some examples of such accounts but they show how reflexive accounts can offer personal and rich descriptions of what it is like to experience and work with the embodied intersubjective dimension of the therapeutic encounter.

As I conclude this review of the extant literature, I turn now to summarising and clarifying how this has informed the rationale for conducting the current research and the particular focus intended by my research question.

3.7 – Rationale for the Current Research

The literature review has shown that intersubjectivity and embodiment are concepts that have been extensively examined in the philosophical, scientific and psychotherapy literature but that this has been mainly theoretical. Of the limited number of qualitative research that have addressed relational phenomena and therapists' experience of these, most have identified particular moments in therapy in which therapists experience a profound engagement with their clients; engagement that is experienced as reciprocal. Moments of relational depth are perhaps the most intimate and intensely felt parts of the embodied dialogue between therapist and client but I believe that they represent only a small part of it. The many other manifestations of the embodied dialogue (such as having a word or image that 'comes to mind', having an intuition, or having a sensory or energetical experience), therapists' experience of those and the implications for their therapeutic work would be equally important to explore in order to understand more holistically that dimension of the encounter. Research on therapists' presence have focused on what is needed from therapists – a way of being and being-with - to reach relational depth. Here too it would be interesting to widen the scope and explore what is needed to experience the other manifestations of the embodied dialogue not just the most intense moments. Research on therapists' experience of bodily phenomena have focused for the most part on therapists' responses to clients that include a physical aspect. However they have not addressed other possible embodied responses (such as images, intuitions and fantasies). Finally, I have not found research on therapists' experience of the embodied dialogue that focuses on female therapists' experience. Because embodiment is a gendered affair, it is important to examine if and how being embodied as a woman creates a particular embodied dialogue, a particular way of being affected and affecting clients. So this project's aim is to address these gaps in the literature with an experiential, more holistic and gendered understanding of the phenomenon of embodied dialogue.

As well as adding to the body of experiential psychotherapy literature this project's aim is to contribute to the phenomenological research literature, using a reflexive-relational approach to research that will emphasise the embodied, co-created dimension of the relationship between researcher and co-researchers.

In the following chapter I will discuss the multiple choices made regarding how to best investigate female therapists' experience of the embodied dialogue with their clients, before then reporting on the actual method and associated procedures used.

4 – Methodology

“I do not seek to understand so that I may believe, but I believe so that I may understand”

St Anselm (11th century)

4.1 – Introduction

This research was concerned with creating an account of what it is like for female therapists to experience an embodied dialogue with their clients. It was conducted using a postmodern and social constructionist epistemological framework which propose that truth is a function of the perspective and that knowledge is relative as well as socially and intersubjectively created (Willig, 2008; Etherington, 2004). Drawing on feminism the focus of the research was on creating a method that would allow for women’s voices to be heard and facilitate an understanding of their experience. My choice of a particular form of hermeneutic phenomenological research methodology – Finlay’s and Evans’ (2009) relational-centred approach – arose from the dialectic relationship between my positionality as a researcher and the research question. This approach views the embodied intersubjective relationship between research and co-researchers as the main means to understand an other and which consequently sees the researcher’s reflexivity as a crucial element of the research process. Within that methodological framework the steps and methods emerged from the research process and as a response to what was needed at each of its stages. This is in the spirit of Denzin’s and Lincoln’s (2000) image of the researcher as a bricoleur in which the bricoleur does not have a pre-planned method of action but rather choses the tools needed as she goes along.

I start this chapter by reviewing what was learnt during the pilot study phase. I then describe, my position on epistemology (what we can know about the world - the philosophy of knowledge) and ontology (the nature of being and reality) and its implications for the research process. The rationale for choosing a relational-centred approach to hermeneutic phenomenology as a method is given and is followed by an outline of the main theoretical foundations of the methodology. Finlay’s & Evans’ relational-centred approach is presented; the process of how the different steps were created in light of this approach follows. Other approaches are examined with explanation as to why they were discarded for this project. The limitations of a relational-centred approach to hermeneutic phenomenology as a method are

acknowledged. The question of validity in qualitative research is addressed next. The following chapter will then present the methods used for this study.

4.2 - From the Pilot Study to the Full Study

The pilot study was an opportunity to get a sense of what it is like to research a topic that is important to me. It allowed me to test the research design as well as to “test” myself in the process of researching.

By going through the pilot study process and thanks to on-going supervision I became aware that the choices I had made for the pilot’s research method and design suited me as a novice researcher but did not suit the research question. It is my concern around not knowing how to do research and the sense that my own embodiment and experience of the embodied dialogue with clients was insufficiently explored that led me to choose van Manen’s (1990) approach to enquiry; an approach that provides a detailed and clear guidance about the steps to follow to conduct a qualitative research. However this approach does not take sufficiently into account the relational dimension between researcher and co-researchers and the thematic analysis does not adequately allow for this relation to appear in and contextualise the analysis. Following the pilot study I therefore decided to use a more suited method to this project, Finlay’s and Evan’s (2009) relational-centred approach, so as to make the researcher – co-researcher’s embodied intersubjective relationship a central element to the research. I also started to design a creative method of analysis that would allow for ambiguity as well as more contextual, relational, reflexive, non-verbal elements to emerge; an additional form of analysis that I could use to complement van Manen’s thematic analysis.

My experience of being interviewed on a topic similar to mine by a researcher changed my approach to interviewing. The level of openness and involvement of my interviewer created a space in which we both learnt from each other and explored a topic together. I understood then that the focus of the interviews should be on having a dialogue and on *being with* co-researchers.

4.3 - Epistemology, Ontology and Implications for the Research Process

The epistemology and ontological position underlying phenomenological research constitute the ground for this research; this position is made of a set of assumptions about the world and what we can know about it. Directly linked with epistemology and ontology, the methodology provides a framework on how that knowledge about the world can be obtained. In this section I look at my epistemological and ontological positions and discuss the implications for the methodology and research process.

Together with Chapter 2 - The Reflexive Researcher the following section should allow the reader to have a sense of where I come from; to locate me and the research and to locate themselves in response.

4.3.1 – Epistemological and Ontological Reflexivity

My epistemological and ontological position is informed by several influences. Ideas from postmodernism and social constructionism are the basis of my thinking: I see reality as made of local stories and local truths; I believe in epistemological multiplicity which embraces multiple ways of knowing, each way producing different knowledges and showing different aspects of phenomena. So there are plural knowledges rather than a single knowledge and the knower and the known are inseparable (Etherington, 2004). I regard human experience and perception to be historically, culturally and linguistically mediated (Willig, 2008).

Influenced by existential-phenomenological philosophy I do not see the self as permanent, as having a core; instead I prefer to talk about a sense of self made of multiple selves, in which identity is fluid, constantly changing through the interactions with the world and others (Sartre, 1996; Spinelli, 2005). However, although I embrace the multiplicity and ambiguity of postmodernism thinking, I do not believe in the limitless fluidity and multiplicity of the self. I view our embodiment and consequent situatedness as providing us with a limit to the postmodern fragmentation of the subject. Here I share Bordo's (1993) preference for an embodied postmodernism as an epistemological position.

I am also influenced by feminist literature which combines feminist theories and phenomenology such as De Beauvoir's (1949) *Second Sex* which is now considered a founding text in feminist phenomenology, Young's (2005) *On Female Body Experience: "Throwing Like a Girl" and Other essays* and Butler's (1989) *Foucault and the Paradox of Bodily Inscriptions*. This feminist influence led me to apply feminist principles to this research: I have approached the research relationship as a collaborative and mutually

enriching experience and more generally I have been sensitive to questions of ethics, power and authority throughout this project. I aimed, as a researcher, at being transparent through reflexivity so as to emphasise my situatedness and positionality and therefore emphasise the situated nature of the knowledge created. I let the voices of others appeared throughout my work to highlight the co-created, relational dimension in the production of knowledge.

There is a dialectic relationship between my positionality as a researcher and my research question in that it is my position on epistemology and ontology and in particular my existential – phenomenological stance that led me to articulate my research question in a particular way. Van Manen (1990) agrees that although the questions are the important starting point of the research, - “of course it is true as well that the way in which one articulates certain questions has something to do with the research method that one tends to identify with. So there exists a certain dialectic between question and method” (p2). Although the research area of interest came first, it is the dialogue between my positionality and the research questions that allowed for the clarification of both.

In this study I am asking “what is it like for therapists to have this experience?” and “what does it mean for them?” because I am primarily interested in people’s experiences. I am not trying to prove whether the phenomenon of embodied dialogue exists or not, I am not interested in finding a definition or a theory of embodied intersubjectivity or how many therapists experience it.

4.3.2 – Implications for the Research Process

My epistemological and ontological positions and the way I have formulated my question impact upon the research project and more specifically on (1) the type of understanding I am aiming for, (2) the kind of knowledge I can gain and (3) my view on the role of the researcher. I shall address each of these in turn.

4.3.2.1 - The Type of understanding I am aiming for

The aim of this research falls into the social constructivist interpretive tradition as opposed to the positivist one. The aim of the research is not about gaining true and objective knowledge but exploring multiple meanings and interpretations. Truth in the interpretive tradition is seen as relative: people’s truths or reality come from their cultural, historical, social, political,

economic and linguistic situatedness (Finlay & Evans, 2009). As a researcher I am not an objective observer in that I am myself situated; this impacts on the research process and my interpretations of the phenomenon under study. Finlay & Evans (2011) propose that

“Given their explicit use of reflexivity and focus on embodied relational dimensions, relational-centred phenomenologists may be best regarded as practicing a hermeneutic variant of phenomenology. They lean towards contingent, relativist understandings arguing that meaning arise in co-created contexts” (p165).

So understandings gained from the research are seen as context and researcher dependent as well as depending on what is co-created by their interaction.

4.3.2.2 - The kind of knowledge I can gain

Realists believe that there is a real and observable world; relativists question this and argue that whether or not phenomena are real, they are interpreted differently. Denzin & Lincoln (2005) explain that

“the ‘realist’ position maintains that the world is made up of structures and objects which have cause-effect relationships with each other. Phenomena are seen to be made up of essential structures which can be identified and described. (...) The ‘relativist’ position takes issue with the realist notion of simple cause-effect relationships. It emphasises the diversity of interpretations that can be applied, accepting a postmodern, poststructuralist sensibility” (in Finlay & Evans, 2009: 20).

Whether or not there is an independent reality, my belief is that experiences are real in that they are “really” experienced, they are felt. So my position here is an ontological realist position. However it is simultaneously an epistemological relativist position in that my understanding of these experiences is based on interpretations (interpretations based on my personal perspective).

The knowledge gained from this project is partial and co-constructed; it emerged from my encounters with co-researchers and these encounters occurred in particular contexts. This project is not about the truth about the phenomenon of embodied intersubjectivity in the therapeutic encounter but about female therapists’ experiences of the phenomenon: their local, personal truths about it.

Positivism assumes a unified truth and in doing so conceal experiences of the other - the other than Western white middle-class white men (Hesse-Biber et al, 2004). Postmodernism and feminism challenge this view of knowledge and proposes that universal truths cannot be generalised or relevant across people, cultures and situations and therefore emphasise the importance of local knowledge “created within a community of people who have a first-hand, personal understanding of themselves and their situations” (Anderson, 2007).

4.3.2.3 - The role of the researcher

As I have explained above any outcomes of the research are seen as a co-creation between researcher and co-researchers and context dependant (Finlay & Evans, 2009). The researcher brings to every step of the research process her view of the world, experiences and beliefs; in doing so she influences the collection of data, the analysis, the interpretation and findings. Moreover the dynamic and environment created together with each co-researcher influences what co-researchers bring during the interview which in turn impacts on the findings.

The co-created nature of the findings emphasises the need for the researcher to reflexively explore her relation to the topic, her hopes and expectations in relation to the research process and the dynamic relation with each co-researcher. Finlay and Evans (2009) suggest that since the researcher is part of the relational field being studies, reflexivity is a way for the researcher to bring themselves in the research.

To answer Willig’s (2008) question as to whether as a researcher I am witness or author of the research, I believe that I am both: I am witness in that I want to re-present co-researchers’ experiences and I am author in that data is co-created and I interpret the data from my situatedness.

From the dialectic relationship between my positionality and the research question, phenomenological research emerged as a method of choice. There are however many forms of phenomenology; in the next section I discuss the rationale for choosing an embodied relational approach to hermeneutic phenomenology as a method.

4.4 – Rationale for Choosing an Embodied Relational Approach to Hermeneutic Phenomenology as a Method

4.4.1 - A Qualitative Inquiry

A qualitative methodology is suitable for this research as this project is concerned with discovering therapists' experience of the embodied dialogue with their clients; it is about getting a sense of what it is like for them to have this experience. By using a quantitative methodology which focuses on measurements and converts the experience of therapists into a set of variables, the depth, richness and texture of experiences would be lost.

Bruner (2002) distinguishes between two ways of knowing: paradigmatic and narrative. Paradigmatic knowing is about linking variables or observable phenomena using causality and correlation factors. It is a form of knowing which is used in positivist natural sciences and is obtained through quantitative methodologies. Narrative knowing, however, relies on stories we tell about ourselves, about the world and how we create meaning. Where paradigmatic knowing talks about an objective world, narrative knowing talks about a world socially and intersubjectively constructed by humans. Qualitative methodologies draw on interpretivist assumptions and are based on narrative ways of knowing. A qualitative methodology is therefore appropriate for this study as I am interested in what stories therapists tell about their experience of an embodied dialogue with clients and what it means for them.

4.4.2 - Phenomenology

“Phenomenologists are interested in embodied lived experience and the meanings held about that experience. The aim is to describe the phenomenon (...) as it is known through our everyday experience of it.”

Finlay (2011: 16)

The project's method is phenomenological in that it is interested in therapists' lived experience of the embodied dialogue with their clients and the meanings they attach to that experience. Doing phenomenological research is asking questions about how human beings experience the world. It is asking: “what is this experience like?”

Phenomenology aims to gain an understanding about how we experience the world pre-reflectively rather than how we conceptualise it. It is a methodology which focuses on experiences as they appear to each individual. Its aim is to capture the many layers, the richness and ambiguity of experience and to describe these. Its commitment to description rather than explanation suits the topic as embodied intersubjectivity as an experience currently cannot be explained however it can be described or evoked.

This research project and phenomenology share the same assumption about the world. Underlying the experience of an embodied dialogue between people is the belief in a fundamental intertwinement between individuals and between individual and world; an intertwinement that happens through our embodiment. Phenomenology also views body-self-world as intertwined (Finlay, 2011). Merleau-Ponty (1962) describes a reciprocal insertion of body and world; through the reversible phenomena of perception, we are in the world and the world is in us. It is this entanglement with others that leads to our inability to fully grasp our lived experiences since we are never ‘fully’ present to ourselves. But it is because we are not fully present to ourselves that we can get a sense of the others. Therefore, as Merleau-Ponty (1962) proposes, ambiguity is always at the heart of our lived experience.

4.4.3 - Hermeneutic Phenomenology

The embodied intersubjective dimension present between therapist and client is also present between researcher and co-researcher. Therefore a method that acknowledges the researcher’s involvement in the research process was needed.

The project is embedded in Heideggerian hermeneutic phenomenology. Heidegger (1962) proposes that all description is always already interpretation:

“Whenever something is interpreted as something, the interpretation will be founded essentially upon fore-having, fore-sight and fore-conception. An interpretation is never presuppositionless apprehending of something presented to us” (Heidegger, 1962: 191-192).

Researchers using hermeneutic phenomenology as a methodology needs to acknowledge their biases and assumptions in relation to the phenomenon of study. They do not seek to suspend them but reflects on how they influence their interpretation and the research process. Ricoeur (1981) suggests that we always speak from somewhere in that we always speak from a particular physical, social and cultural position that can never be fully transcended; so the

researcher is always uniquely situated in relation to what is being analysed. Drawing from Ricoeur's work, Langdridge (2007) proposes that hermeneutic phenomenology's focus is not so much about identifying the essence of things but is about interpreting their meanings, acknowledging the unique position we hold in relation to these things. So in hermeneutic phenomenology, the researcher's reflexivity or the clarification of their unique position is essential to provide a context for interpretations.

Therapists' experience of the embodied dialogue with their clients is a pre-reflective experience and is therefore difficult to put into words; evoking it through a more poetic form of writing allows to go beyond the limitation of language. Hermeneutic phenomenological research is a "poetising activity" (van Manen, 1990: 13); it is about constructing an evocative description. Van Manen (1990) adds that "to *do* hermeneutic phenomenology is to attempt to accomplish the impossible: to construct a full interpretive description of some aspect of the lifeworld, and yet to remain aware that lived life is always more complex than any explication of meaning can reveal" (p18).

4.4.4 - Relational-centred Approach

Looking into therapists' experience of an embodied dialogue with their clients through an interview that also implies an embodied dialogue between researcher and co-researchers means that this project needed a method that emphasises the concepts of embodiment, intersubjectivity and reflexivity. With its accent on the embodied relational dimension and reflexivity, Finlay's and Evan's relational-centred approach was a suitable method for this project.

In their approach the focus is on the embodied intersubjective relationship between researcher and co-researchers as it is seen as the main access to understanding the other (Finlay, 2011):

"what we can learn and know about another comes through dialogue and arises within the *intersubjective* spaces between researcher, co-researchers and the phenomenon being studied. This dialogue (verbal and non-verbal) forms the basis for reflection on both self and other. In this opening 'between' lurks ambiguity and unpredictability together with the possibility of true meeting; anything can – and does – appear" (Finlay, 2011: 160).

Reflexivity is a crucial element of the relational-centred approach; both what the researcher brings to the encounter and the relational dynamics between researcher and co-researchers need to be explored reflexively.

Before looking specifically at reflexivity, its centrality for this study and showing how I addressed reflexively my position in relation to this research, I present in the next section the elements of Husserl's, Heidegger's and Merleau-Ponty's phenomenologies that constitute the philosophical foundations underpinning the relational-centred approach to hermeneutic phenomenology.

4.5 – Philosophical Foundations Underlying a Relational-centred Approach to Hermeneutic Phenomenology

Many philosophical ideas informed this project's approach, in particular concepts from Husserl's (2001), Heidegger's (1962) and Merleau-Ponty's (1962, 1968) phenomenologies. Although an in-depth understanding of these philosophical foundations was necessary in order for me to create the method used for this project, the doctorate requires an emphasis on practice as opposed to an emphasis on analysis of theories, so I will focus here on the most relevant points: Husserl's (2001) concepts of noema and noesis, Heidegger's (1962) Dasein and Merleau-Ponty's (1962) ideas of subjectivity as intersubjectivity, of reduction as the disruption of our common sense view of the world and his concept of reversibility. They are presented in turn below:

- **Noema and noesis**

In Husserl's phenomenology both the manner in which objects appear to consciousness, the noesis, and the object of consciousness, the noema, have to be studied. Applied to phenomenological research, it means that on one hand participants and their experience of a phenomenon needs to be examined and on the other hand how the researcher becomes aware of them need to be taken into account (Finlay, 2011).

- **Dasein**

With his concept of Dasein - da sein which means there-being - Heidegger emphasises the situatedness of being. Dasein's ontological characteristic of Being-in-the-world is about the inseparability of human and world. Dasein cannot be separated from their context and is

intersubjectively bound to others and the world. It is this intersubjective engagement that forms the basis of our fundamental relatedness; we share a meaningful world in which we can make sense of things and each other.

- **Subjectivity is always intersubjectivity**

According to Merleau-Ponty (1962) we are always aware of our own reflecting; it is that self-awareness that locates us in relation to others. As I become self-conscious I also become other-conscious. I am for myself and, through my embodiment and situatedness, also for others, under their gaze; they are for themselves as well as under my gaze. It is the interweaving of reflecting embodied consciousness reflecting upon each other that creates the world as a dynamic intersubjective field. Therefore subjectivity is always intersubjectivity.

- **Disrupting our common sense view of the world**

For Merleau-Ponty, if we cannot transcend our insertion in the world we can however become partially aware of it by refusing to be complicit with our natural attitude to things:

“It is because we are through and through compounded of relationships with the world that for us the only way to become aware of the fact is to suspend the resultant activity, to refuse it our complicity (...). Not because we reject the certainties of common sense and a natural attitude to things (...) but because, being the presupposed basis of any thought, they are taken for granted, and go unnoticed, and because in order to arouse them and bring them into view, we have to suspend for a moment our recognition of them” (Merleau-Ponty, 1962: xiv).

The phenomenological reduction, for Merleau-Ponty, is therefore not about bracketing our assumptions but on the contrary highlighting them, questioning them and understanding how they hold the edifice of our common sense and natural attitude. It is this type of reflection that loosens momentarily the closely woven fabric of our existence. It is this disruption of our common sense view of the world that then allows for other views to appear.

- **Reversibility**

For Merleau-Ponty (1968), there is a reversible reciprocal relation between myself, others and the world in which I see and I am seen, I am affected and created by the world and I affect and create the world. This reversible relation is what makes the phenomenological world a dynamic intersubjective field. It is what constitutes the embodied intersubjective matrix or

the Flesh. Reversibility is a crucial concept for this project as it is the relation underpinning the phenomenon of embodied dialogue between therapists and clients.

4.6 - Reflexivity

Several elements support the centrality of reflexivity for this study:

- (1) the epistemological position chosen which assume the existence of multiple and situated truths as well as the co-creation of meaning between researcher and co-researchers;
- (2) our primordial embodied pre-reflective engagement with the world which means, according to Merleau-Ponty (1962), that we cannot transcend our insertion in it but we can however become partially aware of it;
- (3) the methodological approach for this study – the relational-centred approach – which sees reflexivity as an essential methodological tool for enquiry; reflexivity is used not just for identifying the researcher’s subjective bias but to look at what is happening in the embodied intersubjective space between researcher and co-researchers (Finlay, 2011);
- (4) a feminist and ethical concern around abuse of power: reflexivity provides a way for researchers to relinquish their power by showing their values and assumptions behind their decisions and interpretations;

Van Manen (1990) suggests that it is necessary for the researcher to acknowledge her previous experience, knowledge and beliefs and how these may influence the researcher in all phases of data collection, analysis and interpretation. In other words the interpretation of the co-researchers’ words is a function of the background, training and beliefs of the researcher involved. To address reflexively one’s position in relation to a research project Etherington (2004) recommends attending to the following questions: “How has my personal history led to my interest in this topic? What are my presuppositions about knowledge in this field? How am I positioned in relation to this knowledge?” (p11). This reflexive work started from the moment I chose the topic and was still on-going at the stage of writing up the research. As I have discussed in more detail in chapter 2 - The Reflexive Researcher, it is my personal experience of the phenomenon as an individual and later on as a therapist that sparked my interest in this topic. My fascination with the embodied dialogue as well as my fear of that dimension of encounters at the start of the project were my motivations for wanting to

research and understand it. Questions around how I inhabit my body, how people inhabit their body were also part of my interest.

Throughout the research journey I have used a research diary to address my relation to the research and keep an eye on how it impacted on the research process. The diary was an assemblage of different things: thoughts and ideas I had on the topic and on what it meant for me to be a researcher, parts of inspiring conversations I had with my therapists, supervisors and peers, descriptions of past experiences, sentences I heard or read that felt relevant to my topic or research journey. Put together these pieces informed each other. This assemblage facilitated the emergence of new understanding and the creation of new ideas.

I have also used the research diary during the data gathering and analysis phases to address reflexively the embodied dialogue between me and co-researchers; data from the diary was then used to interrogate and illuminate the meaning of the extracted segments and themes.

Regular therapy throughout the research journey enabled me to deeply explore and experiment with my embodiment. Research supervision has been invaluable to examine my interest in the topic and journey with the research process; it has also been a space to reflect on my encounters with co-researchers.

Although I have chosen Finlay's and Evans' relational-centred approach for this project, other research methods were considered. In the next section I look at these alternative methods and explain why they were discarded.

4.7 – Consideration of Alternative Approaches

This research project focused on the “what is it like” aspect of an experience, it was about getting as close as possible to the experience as it is lived by the co-researchers. As well as Finlay's and Evans' (2009) relational-centred approach, three alternative approaches were considered for this project: (1) van Manen's (1990) Lived Experience approach, (2) Smith's et al. (2009) Interpretative Phenomenological Analysis (IPA) and (3) Moustakas' (1990) Heuristic approach. In this part I briefly present these approaches, I then explain the reasons that led me to consider them and discard them.

4.7.1 - Van Manen's Lived Experience Approach

Van Manen's (1990) lived experience approach proposes a six steps methodical structure of enquiry. Although an order is implied in the presentation of the different steps that follows, Van Manen highlights the fact that the researcher may work on one component or on several components simultaneously. He talks about a "dynamic interplay between six research activities" (Van Manen, 1990: 30).

1 - The first activity - turning to the nature of lived experience - is about "turning to a phenomenon which seriously interests us and commits us to the world" (van Manen, 1990: 30). This step involves exploring one's relationship to the subject and formulating the research question.

2 - The second activity focuses on "investigating experience as we live it rather than as we conceptualize it" (van Manen, 1990: 30). This step is concerned with how to investigate the lived experience and the method of data collection.

3 - The third activity - reflecting on the essential themes which characterise the phenomenon - focuses on the data analysis process. This involves identifying themes from the interviews. These are seen to emerge from the dialogue between researcher and text. Van Manen (1990) proposes three methods to analyse the data: the wholistic method aims at capturing the fundamental meaning of the text as a whole, the selective reading method focuses on highlighting phrases that reveal the different aspects of the experience, the detailed reading method concentrates on extracting the meaning of each sentence or sentence cluster.

4 - The fourth activity – describing the phenomenon through the art of writing and rewriting – also concerns the analysis process: through writing and re-writing detailed interpretive descriptions the researcher refines and revises his thoughts, allowing for a deeper understanding of the lived experience.

5 - The fifth activity - maintaining a strong and orientated relation to the phenomenon - encourages the researcher to remain focused on the research question and to acknowledge their involvement in the research process. Van Manen (1990) emphasises the idea that "to establish a strong relation with a certain question, phenomenon or notion, the researcher cannot afford to adopt an attitude of so-called scientific disinterestedness. To be oriented to an object means that we are animated by the object in a full and human sense" (p 33).

6 - The sixth activity - balancing the research context by considering parts and whole - asks the researcher to “constantly measure the overall design of the study/text, against the significance that the parts must play in the total textual structure” (Van Manen, 1990: 33). In other words, the researcher engages with the hermeneutic circle and deepens his understanding by connecting intermittently with the parts and the whole.

Van Manen’s method was considered at first a suitable approach for this project and used in the pilot study because of its relativist and postmodern leaning. Agreeing with Ricoeur, van Manen (1990) sees experience as mediated through language and therefore all experience can be seen as text. It is this concept of text that introduces the idea of multiple truths:

“the idea of text introduces the notion of multiple, or even conflicting, interpretations. If all the world is like a text then everyone becomes a reader (and an author). And the question arises whose reading, whose interpretation, is the correct one” (p39).

However he adds that:

“To reduce the whole world to text and to treat all experience textually is to be forgetful of the metaphoric origin of one’s own methodology” (van Manen, 1990: 39).

He is reminding us here that experience always exceeds the text; by limiting the power of language he allows space for pre-verbal, pre-reflective aspect of experience which suits the exploration of the phenomenon of embodied intersubjectivity. Also, in van Manen’s approach, the role of the researcher is acknowledged, findings are seen as arising from the encounter of researcher and text and therefore seen as co-created.

Although identifying themes, looking at how there are linked together, is important in this study, it is not however the main goal. The focus, in this project, is on co-researchers’ experience as well as on my encounter with them and how this contextualises and impacts on the data. The variant of hermeneutic phenomenology I have chosen, Finlay’s and Evans’ (2009) relational-centred approach, is more focused on researcher’s reflexivity, intersubjectivity and embodiment. All these elements are present in van Manen’s approach but, using the metaphor of the different controls on a soundboard, van Manen and Finlay’s and Evan’s approaches share a similar basis but the latter increases the volume of certain aspects of the methodology such as the embodied intersubjective encounter between researcher and co-researchers.

Van Manen’s approach was looked at and critiqued in more depth than other alternative approaches as it was one of the main contenders for this project and although this approach

was not chosen as the overall approach for this study, van Manen's method for thematic analysis was used to analyse data (5.3.4 – Data Analysis).

4.7.2 - Interpretative Phenomenological Analysis (IPA)

Smith's et al. (2009) IPA is a variant of hermeneutic phenomenology. Where hermeneutic phenomenology usually does not ask researchers to follow a particular procedure, IPA involves a structured and detailed design. IPA recognises that the researcher cannot directly access participants' experience and sees the findings as emerging from the interaction between researcher and participants; findings are always an interpretation of participants' experience (Willig, 2008). The focus of IPA is idiographic. Its aim is dual: it is about gathering individuals' accounts of their experience and understanding how individuals make sense of their experience. IPA involves the use of the "double hermeneutic" which is the process by which "the researcher is making sense of the participant, who is making sense of *x*" (Smith et al, 2009: 35). IPA's analysis starts by looking at individual meaning and then looks for themes across the participants.

I did not choose IPA for several reasons. Firstly, although IPA recognises the impact of the researchers' perspective on the research process and asks of them to have a reflexive attitude, it does not provide guidance on how to incorporate this reflexive work into the research process and does not specify how the researcher's situatedness impacts on the analysis (Willig, 2008). Finlay's and Evan's (2009) relational-centred approach not only offers ways in which to integrate the reflexive comments in the research process but also offers guidelines on how to address reflexively the different elements of the relationship between researchers and co-researchers. Secondly, IPA proposes thematic analysis as a method of analysis. Although finding similarities across the co-researchers is part of this study, the focus is on an in-depth immersion in each co-researcher's experience; immersion which is then contextualised by an immersion in each research encounter. Finally, as Willig (2008) suggests, "Smith's version of the phenomenological method implies a Cartesian conceptualisation of the individual as the owner of a set of cognitions (ideas, beliefs, expectations, etc.) which he or she uses to make sense of the world and to act in the world" (p 68). It could be argued that this aspect of IPA is not compatible with the form of phenomenology needed for this project which a phenomenology that takes as ground the non-separation of subject and object, of person and world. It is also non compatible with

exploring the experience of embodied intersubjectivity as this experience precisely involves precognitive aspects of experience such as un-reflected senses, felt senses and intuitions.

4.7.3 - Moustakas' Heuristic Approach

Moustakas' Heuristic (1990) and Finlay's and Evans' (2009) relational-centred approaches to research have in common their view on data which is seen as being co-created and emerging from the encounter between researcher and co-researchers. They also share the belief that "what we can learn and know about another comes through dialogue and arises within the *intersubjective* spaces between researcher, co-researcher and the phenomenon being studied" (Finlay, 2011: 160). I explain, in this part, why the heuristic approach was discarded and the relational-centred approach was found to be best suited for the topic of this study.

In Moustakas' (1990) heuristic approach, researchers 'use' themselves by engaging in self-reflection and immersing themselves in the topic. The insights from this personal engagement are then checked through dialogue with participants. The aim is to discover the meanings of a particular human experience.

Moustakas' (1990) approach was considered for this topic as, although heuristic research is based on Husserl's phenomenological philosophy, it departs from transcendental, descriptive phenomenology in that the researcher and the participants remain visible throughout the research process. However it was discarded for two reasons. Firstly, the epistemological position on which the method is grounded is unclear. It seems to be an integration of descriptive, hermeneutic and first-person accounts. Arguably these different foci possibly affect the depth of enquiry. Secondly, I felt that, as a novice therapist at the start of this project, I did not have enough experience of the phenomenon to use self-enquiry as the cornerstone of the research method.

The researcher's use of themselves to reach a phenomenological understanding is an element that is present and important in Finlay's and Evans' relational-centred approach, however the cornerstone of this approach is the embodied intersubjective relationship between researcher and co-researchers. This particular emphasis is what suits best the topic since I am exploring the embodied intersubjective dimension of the therapeutic encounter with a method that uses this particular dimension as a medium to understand phenomena.

4.8 - Limitations of a Relational-centred Approach to Hermeneutic Phenomenological Research

4.8.1 – Suitability of Co-researchers’ Accounts

Phenomenology relies on co-researchers’ ability to share their experience of a phenomenon with the researcher. Willig (2008) questions the extent to which participants’ account are suitable material for phenomenological research and the extent to which participants are able to communicate the subtleties and nuances of their experience to the researcher. Because co-researchers in this study are therapists, my assumption is that they are able to capture many facets of an experience and describe these in depth. Describing and making sense of an experience for oneself or helping clients to do so is an aspect of what being a therapist involves.

However, there are limitations to how much and how we share an experience: one limitation is due to the nature of the experience studied which is a lived experience; the other limitation comes from the use of language. These are discussed in turn below.

4.8.2 - Lived Experience

Lived experience is by definition lived which means that while it is lived it is not reflected upon, we are absorbed in it:

“it can never be grasped in its immediate manifestation but only reflectively as past presence. Moreover, our appropriation of the meaning of lived experience is always of something past that can never be grasped in its full richness and depth since lived experience implicates the totality of life” (van Manen, 1990: 36).

We can only partially access a lived experience and what we communicate about it then depends on where, when and with who we are sharing it.

4.8.3 - Use of Language

In phenomenological research the use of language to describe a lived experience can be challenged. It could be argued that by applying a linguistic structure to the experience we in fact shape it by using already available concepts, categories and meanings. So the question is whether we get to know something of the experience itself or whether we only get to know

how individuals talk about their experience. Agreeing with Frie (2003), my view is that, due to its embodied, pre-reflexive nature, a lived experience always exceeds the words that describe it; a lived experience can never be fully colonised by language. Frie (2003) suggests that

‘to reduce prelinguistic and nonverbal experience to that which can be verbally articulated is to neglect a crucial fact: the non-verbal realm exists precisely because there is a dimension of human experience that cannot be adequately represented in, or expressed through language (p148).

Something of the experience itself sips out through the words. The use of stanzas in this research was a way to address the limitations of language by allowing the non-verbal dimension of experience to emerge and be felt. This is further discussed in 4.6.2.2 - Cycle 2: Methodology Literature - Interviews – Refining the Methodology and Method.

4.8.4 - Scientific Status, Explanation and Description

The question of whether relational and phenomenological approaches to enquiry are scientific endeavours divides researchers:

“The scientific status of reflexive-relational approaches can be challenged (...) inevitably critics challenge its subjective nature (...) others argue that trying to shore up the scientific credentials of an explicitly (inter)subjective project is misguided and that these elements should be celebrated in their own right” (Finlay, 2011: 174).

I share the later position with both Finlay (2011) and Langdridge (2009). My encounter with co-researchers, at that particular time for them and me, led to particular stories to emerge. If I was to do the research all over again now, other aspects of the phenomenon would appear. In the same spirit van Manen (1990) reminds us that the only task of phenomenological research is “to construct a possible interpretation of the nature of a certain human experience” (p41). So phenomenological research describes lived experience but does not attempt to explain why they occur. Phenomenological research is not interested in explaining the nature of the world but aims at further understanding our experience of it.

4.9 – Evaluating the Quality of the Research

4.9.1 - Epistemology and Evaluation

The criteria used to evaluate a research project have to be compatible with the research epistemological position.

Madill et al. (2000) divide the epistemological realist- relativist continuum in three broad positions, each differing in the evaluation criteria it requires: the realist position argues that we can know about people's experience through language as language is seen as a direct reflection of what people think and feel; in the contextual constructionist position, however, language is seen as constructing reality and therefore knowledge is seen as contextual and situated; the radical constructionist position challenges the idea that language can represent anything and focuses on how discursive practices constitute knowledge.

This study is conducted from within a contextual constructionist epistemology and therefore needs "to show the relationship between accounts and the contexts within which they have been produced" (Willig, 2008: 154); the contexts being the personal, cultural, social, situational conditions of both the researcher and co-researchers as well as the relationship they create. Therefore an essential criterion for the study is reflexivity. Using the criteria of a realist epistemology such as objectivity and reliability - which assumes an absence of bias from the researcher and the possibility of other researchers arriving at the same findings if they repeat the same procedure - would be nonsensical.

4.9.2 - Evaluation Criteria

For this project I considered both Yardley's (2000) and Finlay's & Evans' (2009) evaluation criteria. Yardley's (2000) criteria are (1) Sensitivity to context, (2) Completeness of data collection, analysis and interpretation, (3) Reflexivity and (4) Importance of the research. Finlay's and Evans' (2009) criteria are the 4 Rs: (1) Rigour, (2) Relevance, (3) Resonance and (4) Reflexivity. Three of their criteria are similar: completeness corresponds to rigour, importance of research corresponds to relevance and they both include reflexivity. However two reasons led me to choose Finlay's and Evans' (2009) criteria: firstly, in Yardley's the criterion 'Sensitivity to context' with its reflexive and ethical dimensions could be considered as an aspect of the criterion Reflexivity as opposed to a separate criterion; secondly, Finlay's and Evans' criterion Resonance is, I believe, an essential criterion in that a research is impactful if it moves the readers. This emotional engagement of the readers as a criterion is

also found in Bochner's (2000) and to a certain extent in Polkinghorne's (1983) criteria (in Finlay & Evans, 2009).

4.9.3 - Finlay's and Evans' "4 Rs": Rigour, Relevance, Resonance and Reflexivity

Finlay and Evans (2009) propose that "good qualitative and relational research is trustworthy and transparent in its process and impactful in its outcomes. In term of process, the research needs to evidence that it has been systematically and conscientiously conducted. In terms of outcome, good research challenges or deepens our understanding; it helps us grow and enriches our work as practitioners" (p59). They add that "clarity and accessibility" are also important aspects of good qualitative research (Finlay & Evans, 2009: 59). This translates into the four evaluation criteria: rigour, relevance, resonance and reflexivity.

Finlay's and Evans' first principle is rigour. This principle asks of the researcher to show that the research is based on methodical critical thinking, to provide enough methodical details so it is open to an external audit, to demonstrate that the research is coherent in terms of the research question, philosophical perspective, methodology and methods, to give evidence of the plausibility of the researcher's interpretations. The Methodology and Method chapters show my commitment to being transparent in terms of the methodological and methodical decisions I took throughout the research process; they do so by providing clear descriptions of procedures and designs as well as rationales. A large quantity of raw data are presented to the readers, reflexive comments can be found throughout the research, quotations are offered to illustrate themes and finally my methodological and methodical choices as well as my interpretations and claims have been tested in dialogue with my supervisor. All these elements constitute a significant audit trail.

The second principle is relevance and "concerns the value of the research in terms of its applicability and contribution" (Finlay and Evans, 2009: 61). This study on therapists' experience of the embodied intersubjective dimension of the therapeutic encounter adds to the body of knowledge relating to a crucial dimension of therapeutic practice. However its contribution and applicability goes beyond therapeutic practice in that this research also says something about human existence and how we relate and are connected to each other at such a primary and embodied level.

The third principle is resonance. A good qualitative research should, according to Finlay and Evans (2009), draw the readers in and touch them. The findings should be presented in a way

that evokes lived experience. My choice of stanzas to represent the co-researchers' lived experience and voice as well as my voice and reflexive comments interwoven in their accounts allow the readers to immerse themselves in the experience of each co-researcher but also allow them to get a sense of our encounter, of who and how we were together. It is the intertwining of these different threads that gives richness and an evocative power to the accounts.

The fourth principle is reflexivity. This principle asks of the researcher to demonstrate “self-awareness and openness about the research process”, to acknowledge their situatedness and its impact on the research, to show ethical integrity and “humility in acknowledging the limitations of any findings and knowledge claimed” (Finlay & Evans, 2009: 62). Reflexivity has been an activity that was present at every stages of the research. I have included reflexive comments throughout the research thesis in order to show awareness and transparency about the research process and to evidence the reflexive work done to locate myself in relation to the topic, the research process, the co-researchers and our relationships; this to allow readers to “put themselves in my shoes” and to locate themselves in response. As developed in 5.1 - Ethical Considerations, this project is about how people are connected and affect each other. With the power to affect others comes an ethical responsibility. Therefore I was particularly attentive throughout the research process to co-researchers' responses to situations, to me, to our encounter. Question of power and safety were at the forefront of my mind when working with them. Regarding the limitations of the findings, I was very aware from the start of the research and made clear throughout the research that, due to the epistemological and methodology chosen for this research, I was aiming for situated, partial and co-created truths.

5 – Method

5.1- Ethical Considerations

5.1.1 - Relational Ethics

Acting ethically goes beyond individually and cognitively solving ethical dilemmas; acting ethically demands of us to take into account our situation and the relation we find ourselves

in as well as to accept our responsibility within it. Levinas' project was to bring the alterity of the other at the forefront of our encounter with them. The core element of intersubjectivity is, for him, the other and his implicit demand, the demand that is part of the intrinsic relationality (Levinas, 1985). In a face-to-face encounter, the other's face calls me into giving and serving him (Levinas, 1985). In other words, in facing the other, in relating with them, I become responsible for them.

In relation to this project relational ethics means not merely focusing on the usual procedural concerns such as informed consent, confidentiality and anonymity but considering the relationships with co-researchers as a whole and thinking about questions around power, safety, exploitation and boundaries throughout the research process.

The idea that ethics is contextual and negotiated relationally is particularly relevant to the topic of embodied intersubjective relating. This project is about how people affect each other just by being in the presence of each other. With the power to affect others comes an ethical responsibility. Therefore I was particularly attentive throughout the research process to co-researchers' responses to situations, to me, to our encounter. My main intentions were for the co-researchers to feel part of this research, to feel that their contributions were valued and to not feel used by me. It was essential for me to not harm or objectify them but to create a relationship based on a joint exploration of a common interest and trust. My hope was that taking part in this research would be beneficial for co-researchers, personally and/or professionally.

During the pre-interview phase I was aware that co-researchers could potentially feel a lack of control, some anxiety or a sense of uncertainty about the process. Therefore my aim was to be as clear as I could on the research aims and process and on what was expected of them. I made myself available for any questions or concern they had. Transparency and agreeing on the basic terms of the interview was a way of empowering co-researchers in the pre-interview stage.

The data gathering phase was more of a balancing act in terms of power. On one hand I met co-researchers wanting to learn from them; they had something I wanted and they had more experience than me. In being open to learn I relinquished some power and authority. However, as the researcher, I also had the subtle and at times out of awareness power to choose what to engage with during the interview, to open some avenues and close others. Throughout the interview process I was aware of my ethical responsibilities in terms of duty

of care, respect, monitoring of power. The space and boundaries of what was acceptable between myself and co-researchers were negotiated relationally. The last questions of the interview - How was it for you to be interviewed? To talk with me today? - were relevant to the topic of the research but were also a way for the co-researchers to voice any discomfort or issues they might have had; it was a way for both parties to give feedback to the other. By encouraging co-researchers to reflect back on their experience of the interview, these questions led to a shift in the relational dynamic. They enabled both parties to gently distance themselves from the other and prepare for the end of the encounter.

During the analysis phase I was very aware of wanting to honour the co-researchers' contribution and to appropriately represent them and their experience. However the analysis was not collaboratively written so I found myself writing about co-researchers and their experiences. Co-researchers did not have a voice anymore in that phase and this felt uncomfortable. The process that felt ethical and relational until that point all of a sudden felt one sided and objectifying.

5.1.2 - Consent, Confidentiality and Anonymity

Ethical approval from NSPC was obtained before recruiting co-researchers for this study (Appendix 9.1). Co-researcher were provided with an information sheet (Appendix 9.2) which included a presentation of the project and its purpose, information about what their participation would involve in terms of the nature of the interview as well as the benefits and potential risks of the study; it also included the contact details of my research supervisor and of the NSPC principal.

Before the interview co-researchers was provided with a consent form (Appendix 9.3), they were informed that consent was an on-going process which could be reviewed at any time and that confidentiality would apply according to the ethical codes governing research in counselling psychology.

To protect the confidentiality co-researchers the digital recordings have been encrypted and stored in a password protected computer. Transcripts have been anonymised and labelled with a pseudonym. Personal information, the consent form and hard copies of information are being kept in a locked cupboard accessible only by myself. Data will be retained until publication of the study.

Only in cases where I believed a client was in danger of being harmed or exploited would I have breached confidentiality and talked with my supervisors. I would have suggested that the co-researcher bring the issue to supervision and/or personal therapy. This information was included in the information sheet. No such situation arose during the study.

After the interview a full debriefing was offered to co-researchers to discuss their experience of the research and to monitor any unforeseen negative effects or misconceptions. I have experience in supporting clients in my practice and would have been able to provide immediate support if co-researcher had become distressed. I have encouraged the co-researcher to get in touch with me by email should they have any queries or concern.

The interview transcript and the final dissertation are available for co-researchers if they wish to have a copy.

5.2 – Relational-centred Research Method

In both hermeneutic phenomenology and relational-centred research, there are no predetermined set of procedures and methods that are to be followed and used in the research process. However, as we have seen and as van Manen (1990) suggests:

“while it is true that the method of phenomenology is that there is no method, yet there is a tradition, a body of knowledge and insights, a history of lives of thinkers and authors, which taken as an example, constitutes both a source and a methodological ground for present human science research practices” (p30).

So the main elements that are involved in a relational-centred approach to a hermeneutic phenomenological enquiry are presented first. I then explain how, working within a phenomenological framework, I created the stages for this study and how they emerged from the process.

5.2.1 – The Relational-centred Approach to Enquiry

Finlay’s and Evans’ relational-centred research is a “general orientation” for any qualitative enquiry (Finlay, 2011: 165). The focus, in this approach, is on the embodied intersubjective relationship between researcher and researched as this is seen as the “primary access to understanding an other” (Finlay, 2011: 165). Finlay’s and Evans’ relational-centred approach

is a form of hermeneutic phenomenology with an emphasis on the embodied intersubjective dimension and the use of reflexivity.

Research data is seen as co-created and as emerging from the encounter of researcher and co-researchers (Finlay & Evans, 2009). This approach asks of the researcher to adopt a particular way of being-with which involves openness, curiosity and compassion; it also involves staying with uncertainty and the unknown to let things appear ‘in between’. As an existential-phenomenological therapist this way of being-with is for me a familiar attitude.

Finlay & Evans (2009) suggest that the researcher:

- “reflexively attends to their own embodied presence, aiming to be open, empathic, self-aware, authentic and intuitive of the Other. The challenge for the research is being present and really listening without losing oneself or the Other” (p69).
- “yields to the process in terms of allowing oneself to be unknowing and to respond in the moment to whatever emerges in the here and now. The researcher needs to have the courage to stay in the process and trust that something of value will emerge” (p69)
- “engages a dialogical approach where the researcher is in relation with, and responding to and through the research relationship. The focus is on the mutuality of the ‘between’” (p69).

Finlay & Evans (2009) detail four elements that define relational research: presence, inclusion, intersubjectivity and reflexivity which we shall now consider in turn:

- Presence

Being present means being open, it involves aiming to be “emotionally and bodily engaged”, “receptive” and “transparent” (Finlay & Evans, 2009: 109). Inclusion

Inclusion is about the researcher allowing the other to impress themselves on them while retaining their own embodied sense of self. Finlay and Evans (2009) highlight in the following statement the importance and difficulty for researcher of finding the right balance between presence and inclusion:

“Together, presence and inclusion lie at the heart of the concept of co-creation in relationship, making possible this sense of mutual influence, of both persons changing in response to the other. To be present without inclusion is to be cut off or alienated from the other. To be immersed in the other but lose one’s own sense of being present

is to be overly merged with the other. In either case there can be no real meeting (...). Presence and inclusion are two sides of the same coin. Practicing inclusion, while remaining fully present, is probably the most challenging skill for both therapist and relational researcher alike” (p115).

- Intersubjectivity

As we have seen earlier with Merleau-Ponty, subjectivity is always intersubjectivity. It is our intersubjective constitution that allows us to understand the other. Through this idea of our insertion in an intersubjective web, we can understand that self-understanding and other-understanding are two aspects of the same movement (Finlay & Evans, 2009; Kupers, 2015).

- Reflexivity

Because the unique standpoint of the researcher has an impact on the research encounters and on the process as a whole, this unique situatedness needs to be explored and clarified reflexively by the researcher. So does what happens in the intersubjective space created by researcher and co-researchers.

5.2.2 – A Method Tailored for this Project

While using Finlay’s and Evans’ relational-centred approach as a general framework for this research, a more specific method for this project emerged from what was needed at the different stages of the research process.

I created the method and design for this project having in mind Denzin’s and Lincoln’s (2000) idea of bricolage. Bricolage, in French, means finding and using the tools that are necessary as you encounter the task that needs to be done; it means finding solutions as you go. A process of improvisation is implied. Denzin and Lincoln (2000) suggest that

“the qualitative researcher as bricoleur or maker of quilts uses the aesthetic and material tools of his or her craft, deploying whatever strategies, methods, or empirical materials are at hand. If new tools or techniques have to be invented, or pieced together, then the researcher will do this” (Denzin & Lincoln, 2000: 4).

Michael Patton (2002), also inspired by the metaphor of the bricoleur, talks about “emergent design flexibility” which asks of the researcher to stay open to possibilities and to adapt the inquiry as new understanding arises (p40). This attitude allows for the exploration of new ways of discovering as they appear. This study’s research process was not precisely

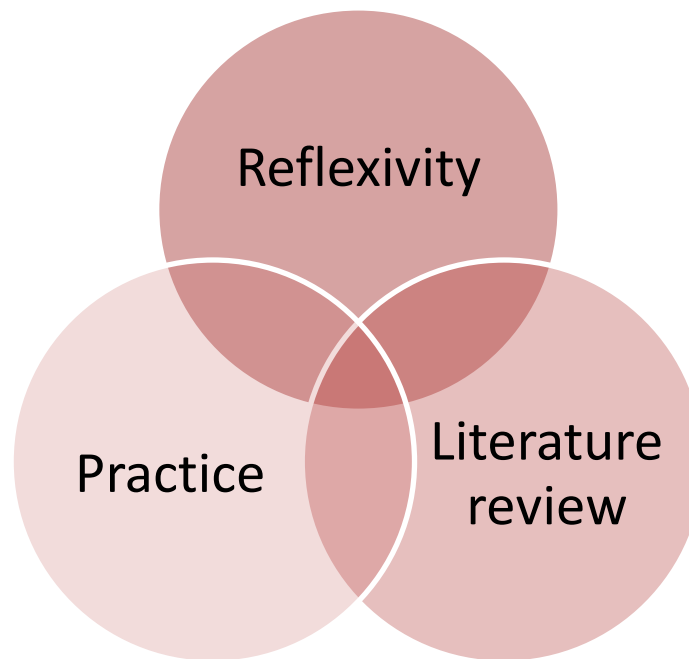
structured and planned in advance; rather the design evolved in response to my understanding of the topic and what was needed methodically at each step of the process.

Two main phases composed the research process: firstly an immersion phase in which the general focus was on clarifying what phenomenon was being studied. The second phase aimed at finding a suitable way to explore therapists' experience of the phenomenon and to implement it. These two phases as well as the specific steps they included are presented in the next parts.

5.2.2.1 - Cycle 1: Immersion: Reflexivity – Practice - Literature review

The first phase of the research process consisted of a combination of (1) reflexive work (through self-reflection, writing, therapy, clinical and research supervision), (2) therapeutic practice and (3) reading the literature on the topic (see Figure 5.1 below). These different activities happened simultaneously and informed each other: as I became more aware of myself I became more attentive to and more in tune with the embodied dialogue with clients. This focus on embodiment and the relational dimension gradually altered my way of working. These new understandings and experiences led me to look at new areas of the literature. Being immersed in these activities for many months enabled me to narrow down the topic, formulate the research questions, explore my relationship with the topic and start clarifying my position on epistemology and ontology.

Figure 5.1 - First Cycle – Immersion: Reflexivity - Practice - Literature review



The first cycle involved four interrelated stages:

- 1 – Choosing the topic of the research and the research questions;
- 2 – Exploring - through self-reflection and through my therapeutic practice - my experience of and interest in the topic; clarifying my assumptions about it;
- 3 – Contextualising my choice of topic within my experience and interest;
- 4 – Locating and reviewing existing knowledge on the topic.

These stages were about immersing myself in the topic and answering the following questions: what precise area do I want to explore, why am I interested in that topic and how does my personal interest contextualise my choice and perspective on the topic? Stages 1 to 3, with their strong reflexive and heuristic elements, resemble Moustakas' (1990) first two stages in heuristic research: initial engagement and immersion. Moustakas (1990) suggests that

“heuristic enquiry is a process that begins with a question or a problem which the researcher seeks to illuminate or answer. The question is one that has been a personal

challenge and puzzlement in the search to understand one's self and the world in which one lives" (p15).

As I discussed in chapter 2 - The Reflexive Researcher, the topic of this research is deeply personal; it is precisely this personal engagement that called for an approach centred on the researcher at the beginning of the process. It is the dialogue between the reflexive exploration of my personal engagement with the topic and the reviewing of the existing literature on the topic that helped me narrow down the area of research.

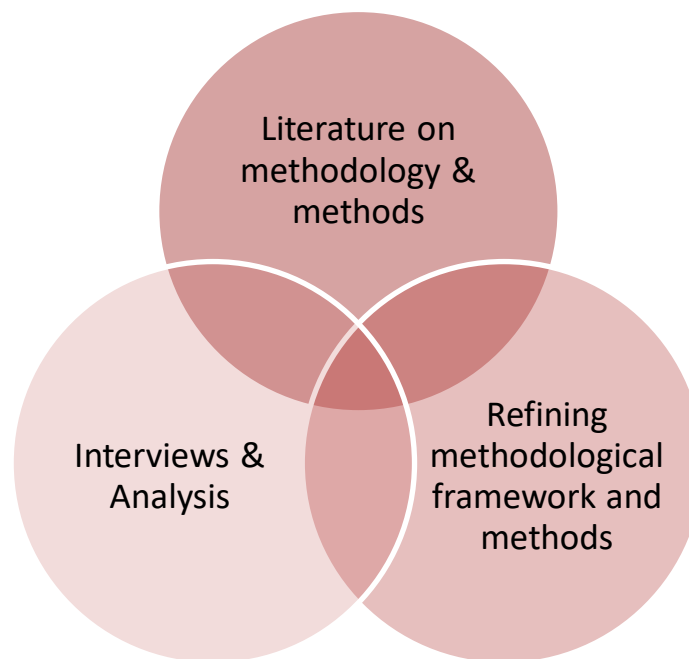
A second factor led to a reflexive - heuristic approach to the research: the centrality, in Finlay's and Evans' relational-centred approach, of the embodied intersubjective relationship between researcher and co-researchers. I felt that I needed to first become more aware of my sense of embodied self; my assumption being that the more aware I would be of myself the more aware I could be of the other in the encounter and of our embodied relating. The contrast between my pilot interview and the rest of the interviews (which happened two years after the pilot interview) confirmed this idea; the quality of my presence, my attitude and my ability to be-with was different.

5.2.2.2 - Cycle 2: Methodology Literature - Interviews - Refining the Methodology and Method

The second cycle was made of three main activities: (1) reading the methodology literature, (2) conducting interviews and (3) refining the methodological framework and method (see Figure 5.2). The combination of these activities allowed me to create the steps for this research and to develop the method and design as the research process unfolded. During this second cycle the first cycle did not stop but took a back seat.

During the second cycle, the focus was on epistemological reflexivity whereas during the first cycle the emphasis was on personal reflexivity. Willig (2008) makes a distinction between these two types of reflexivity. Personal reflexivity is about reflecting on personal values, beliefs and assumptions and how they have affected the research process; it is also about how the research process has affected us. Epistemological reflexivity is about looking at our position on epistemology and ontology and the implications for the research and findings (Willig, 2008).

Figure 5.2 – Second Cycle: Methodology & Methods Literature – Interviews - Refining Methodological Framework and Methods



The second cycle led to eight stages (so twelve stages in total) which follow the path from co-researchers' recruitment to the different steps involved in the method of analysis.

5 – Recruiting co-researchers who have an experience of the topic;

6 – Conducting unstructured interviews with co-researchers;

7 – After each interview, writing reflexive notes and comments about the context, atmosphere of the interview as well as about my sense of the encounter;

8 – Transcribing interviews;

9 – Immersing myself in each interview, extracting relevant segments and re-writing them using stanzas;

10 – Sending accounts in stanza form to each co-researcher and inviting feedback;

11 – Integrating my reflective notes and additional comments with each co-researchers' body of segments;

12 – Synthesising all co-researchers' segments into main themes.

Rationales for (1) using a small number of co-researchers, (2) using unstructured interviews, (3) transforming the transcripts into stanzas form, (4) employing a dual method of analysis, (5) adopting van Manen's selective approach to conduct the thematic analysis and (6) presenting the findings as a collage of data, are considered in turn:

- Small Sample

The primarily idiographic approach chosen for this project meant that the focus was on making each co-researcher visible; it meant that an in-depth analysis of each co-researcher's transcript would be necessary and therefore a small sample would be more appropriate. Smith et al. (2009) reminds us that "it is important not to see the higher numbers as being indicative of 'better' work (...) Successful analysis requires time, reflection, and dialogue, and larger datasets tend to inhibit all of these things" (p52). For this study I chose to interview between six and eight co-researchers.

- Unstructured Interviews

In the relational-centred research the data is not 'produced' by the participant only as in more traditional qualitative approaches but is seen as emerging from the relationship between researcher and co-researchers. I chose to 'conduct' unstructured interviews rather than semi-structured ones to allow my encounter with each co-researcher to unfold more freely and with less control on my part. The aim was to have more space for both members of the dyad to attune to the other and ultimately more possibilities for our dialogue to expand in unexpected directions. Moreover I anticipated that, in a less structured environment, both co-researchers and I would have to rely more on our embodied sense of the dynamic relation to navigate the situation which would highlight the embodied dialogue between us.

- Narrative and Thematic Analysis

In this study I have used both a narrative and a thematic approach to analysis. The emphasis was on the narrative analysis as the main aim of the study was to capture each co-researcher's lived experience and engage with their depth and texture. This form of analysis is not interested in organising an experience into themes but rather values lived experiences' messiness and the ambiguity and paradox they contain. It is also a form of analysis which allows co-researchers to have a strong voice as large parts of their accounts are presented. However, although this process captured each co-researcher's lived experience in its complexity, the lengthy nature of the accounts created meant that findings would be difficult to share and discuss. So I decided to add after this first process of analysis a second one that

would organise co-researchers' experience into themes. By using a thematic analysis only and by breaking the narratives into themes, the meaning that comes from the interaction between reading the different parts of the story and the story as a whole would have been lost (Mishler, 1986). Themes are however useful because, as van Manen (1990) suggests, "*theme gives shape to the shapeless*" (p88); they allow for similarities across narratives to emerge and will serve as a framework for discussing the findings in chapter 7 - Discussion.

Polkinghorne (1995) distinguishes between these two forms of analysis: the narrative analysis and the analysis of narratives such as thematic analysis. In the narrative analysis the narratives directly constitute the knowledge whereas in the thematic analysis narratives are analysed to extract the knowledge they contain (Etherington, 2004). In the first method, the data constitute the unique reality of the author of the narrative whereas in the second method data is a way to access reality (Etherington, 2004).

I have used both approaches because they complement each other: the first approach offers an in-depth linear reading of each co-researcher's lived experience; the second approach is a transversal reading which highlights similar meanings across accounts.

- Stanzas

In the narrative analysis component of the analysis process I chose to re-write the extracted segments of the narrative using stanzas. It is a way of addressing the limitations of working with a transcript as well as the limitations of language and prose. It is also a way of reframing the data so as to bring the reader closer to co-researchers' experiences. Although working from the transcript of the interview adds credibility to the research process, the transcript in its usual form cannot express the non-verbal aspect of the interview. So it is not appropriate in its original form as the topic of the research is precisely about what happens beyond or in parallel to language. For Gee (1986), who created stanza analysis, the inherent evocative and poetic nature of spoken language is lost when a narrative is presented in prose. Richardson (2003) reminds us of this intrinsic dimension of spoken language when she tells us that "nobody talks in prose" (p188). McLeod (2001) suggests that "by presenting oral storytelling in the form of a poem, the meaning and emotional impact of the story, and its narrative structure, become more readily apparent" (p196). Reading accounts written in stanzas elicit a stronger response in the reader as the breath, the pauses or the doubts of the co-researchers can be heard; the quality of the relating between researcher and co-researchers can be felt. With the stanzas the embodied dimension of the encounter can appear through the words;

stanzas make the words fuller, more pregnant with meaning by re-giving them something of their original context. By re-writing parts of the transcripts in stanzas, my aim was to amplify co-researchers' voices by showing elements of the non-verbal dimension of their accounts and of the relational dimension of the encounters. However this process also amplified my voice as the act of re-writing became part of the interpretation process. So co-researchers' accounts written in stanzas do not represent their experiences as lived but my attempt at re-presenting these experiences as they were told to me.

- Van Manen's selective approach to thematic analysis

Van Manen (1990) proposes three approaches toward uncovering themes:

- 1 The wholistic or sententious approach
- 2 The selective or highlighting approach
- 3 The detailed or line-by-line approach

The wholistic approach is about attending to the text as a whole and extracting the main meaning or significance; the selective approach asks of the researcher to zoom in further and highlight all the statements that reveal something about the phenomenon; the detailed approach asks of the researcher to zoom in even further and attend to each sentence or cluster of sentences to examine what each of them reveals about the phenomenon (van Manen, 1990: 92-93). Researchers do not need to use all three methods, according to van Manen (1990), but should choose the method that is most appropriate for their topic.

The first form of analysis used for this project – the narrative analysis - resembles van Manen's wholistic approach in that it considers large chunks of each account and aims at extracting essential meanings while staying close to and retaining something of the individual experience of each co-researcher. So because the wholistic perspective was already attended to, I felt that the selective approach would be most appropriate for the thematic analysis since it would focus on the universal aspects of the experience being studied.

- Presentation of the Findings

Encounters with co-researchers are presented through a collage of different types of data. With the relational-centred approach, truth is only true locally, in the context of a particular relationship. Therefore what constitutes the data is not merely the transcript, it is also the researcher's reflexive notes that can give a sense of the context. By using stanzas that show something of the co-researcher's presence, by including dialogues so the researcher and the

dynamic between researcher and co-researchers could become visible, by including my notes and comment, my aim was to build a multi-layered and multidimensional representation of each encounter. It is this collage of different sets of data that allows for the implicit, non-verbal, embodied, unarticulated elements to be evoked. This presentation of the encounters in this form enables readers to immerse themselves and have their own dialogue with each collage as well as their own sense of what they mean.

5.3 – Research Design

I chose for this study a purposive and illustrative sampling; I recruited seven female therapists with a particular interest in embodied intersubjectivity. An unstructured interview was conducted with each of them; the digital recording was then transcribed verbatim. I used two methods of analysis: (1) I extracted relevant segments from each interview, I rewrote them using stanzas and I then added my reflexive comments to each co-researcher's body of segments; (2) I then carried out a thematic analysis.

5.3.1 – Interview Questions

The interview being unstructured I chose a few questions that I would ask at the beginning of each interview and that would delineate the contour of the territory to explore meanwhile leaving enough space within this territory for the interview to unfold in any directions. The aspects I wanted to examine were therapists' experiences of the embodied intersubjective aspect of their encounters with clients as well as how their awareness of this dimension of the therapeutic relationship affects them and their practice. This developed into three questions:

(1) Could you describe your experience of the embodied intersubjective aspect of the encounter with your clients?

(2) and (3) How does it affect you and your therapeutic practice?

Following these introductory questions I asked other questions and intervened throughout the interview. However these other questions, prompts and interventions came out of the particular paths an interview took and of the unique relation with each co-researcher and were therefore different from one interview to the next.

5.3.2 – Co-researchers Recruitment

I use throughout the research the term ‘co-researcher’ as opposed to ‘participant’ for two reasons: firstly to emphasise the idea that co-researchers are researchers as well in relation to the phenomenon and to challenge the idea that the main researcher has a higher level of expertise than the co-researchers. Secondly, using the term co-researcher is in line with the ethical standpoint taken for this research; standpoint which promotes the idea of collaboration and requires an awareness of power dynamics.

During the immersion phase I started to think about female therapists I could interview for this study. Through conversations with my supervisor and colleagues, through looking at therapists’ website and profiles, I heard or read about therapists who have a specific interest in embodied intersubjectivity or who explicitly use this dimension of encounter in their practice. I contacted them by email to ask whether they would like to take part in this research. In these emails I briefly introduced myself and wrote a few sentences about my interest in the topic. I also encouraged therapists to read the attached co-researcher information sheet where they could find more information about the topic, the research process and what their participation would involve. Most of the therapists I contacted came back to me and expressed their interest in being interviewed. At the exception of one co-researcher, we agreed to meet in their consulting rooms; I met the remaining co-researcher in my consulting room. When possible we arranged a phone call or skype conversation before the interview. I felt it would be beneficial for me and co-researchers to have a contact with each other (other than through email) before the interviews; the aim was to hear and/or see each other and get a more embodied sense of each other. During the conversation we agreed that we would examine their experience of a phenomenon I call the ‘embodied dialogue’. I told them about the three questions I would ask so they could prepare for the interview.

I reasserted the fact that their account would be anonymised and answered any questions co-researchers may have. I wanted co-researchers to approach the interview feeling as safe and clear as possible about what would happen. When a phone or Skype conversation was not possible I sent the questions by email.

The therapists-co-researchers selected for the study were all female, qualified psychotherapists and/or counselling psychologists with at least two years of experience post-qualification. They came from different therapeutic orientations. They are listed below using their pseudonyms.

Table 5.1 – Demographic Data

	Pseudonym	Age	Years of practice	Therapeutic Modality	Ethnicity
1	Rachel	56	10 years	Gestalt psychotherapy	White British
2	Maggie	50	25 years	Existential psychotherapy	White British / Australian
3	Heather	49	16 years	Embodied-Relational therapy	White British
4	Christina	70	42 years	Relational psychoanalysis	Secular Jew
5	Rebecca	54	28 years	Jungian psychotherapy and Jungian analysis	White British
6	Maureen	66	30 years	Transpersonal psychotherapy, craniosacral therapy, transpersonal hypnotherapy	White British
7	Bianca	42	11 years	Integrative psychotherapy	White South American

I asked one co-researcher at the end of the interview what pseudonym she would like; I chose the other ones myself which feels authoritative and not in line with the relational, collaborative spirit of this research. One co-researcher came back to me asking to change their pseudonym. Looking back at this process, I wish I gave all co-researchers the option to choose their pseudonyms.

The use of a purposive sampling was appropriate for this study as its aim was to gather data about a specific experience. Finlay and Evans (2009) suggests that, in qualitative research, the aim is to create a strategic or illustrative sample: in the strategic sample, participants share an experience but differ on demographic variables which might allow the researcher to gain a broader perspective on the phenomenon; however an illustrative sample “seeks to illuminate or be particularly evocative, and tends to be idiographic in approach” (p81). The sample chosen was illustrative as the approach for this study focuses on individual experience. The limitation of a sample which is only composed of therapists working with the embodied dialogue is that the data created does not account for therapists not experiencing or not working with the intersubjective dimension of encounters.

I worked with seven co-researchers as seven out of the nine therapists I contacted chose to participate in the research. After the analysis of seven transcripts I could have carried on interviewing co-researchers and discover new idiosyncrasies; however no new themes were emerging so I decided against it.

With this idiographic approach and a small sample size, I do not claim that findings can be generalizable beyond this sample. However, as Haug (1987) suggested, if “a given experience is possible, it is also subject to universalisation” (p44); in other words, the existence of a specific experience in the group suggests the possibility of that experience existing outside of the group.

5.3.3 – Data Collection

Following the pilot interview with Rachel and my experience of being interviewed for another research project, I began the interview process with a clearer sense of the quality of the space I wanted to create during encounters: a space very alike to the one I create when I work with clients. I also had a better sense of how I would be during the interview which is, again, very similar to how I am, as a therapist. During the interview with Rachel, I tried too hard to be a researcher, I kept wondering how much of ‘me’ I should bring to our encounter. Besides I was scared to ‘be embodied’ and therefore a part of me remained closed.

I arranged a mock interview with a friend-therapist and approached it with the intentions of being as open as I could to my felt senses, the atmosphere, the other and to what it is like to be together. I began the interview with an attitude of curiosity and ready to surrender to whatever would happen. The result was an intimate and intense moment during which we both felt absorbed in our dialogue and connected to each other; rich material came out of this hour together. This presence and intentions are what I brought to the subsequent interviews.

5.3.3.1 - Pre-Interview

Before each interview I took a moment to ‘check in’ with myself and wrote some notes about how I felt, about my mood and my felt senses, about assumptions or fantasies I had about the co-researcher I was about to meet and about our encounter. This allowed me to be more aware of what I was bringing to each encounter. In chapter 5 - Findings, parts of these notes serve as an introduction and contextualisation to each co-researcher’s account. This ‘checking in’ helped me become more aware of myself and prepare for the interview. By opening myself to myself I also became open to the other and to the shared space. I arrived to each

interview with the intention of allowing each co-researcher to impress themselves on me so as to get a felt sense of both them and their experience.

5.3.3.2 - Interview

Data collection for this study was through a single unstructured interview with each co-researcher. Interviews lasted between 50 and 60 minutes.

At the start of each interview I gave each co-researcher a copy of the Co-researcher Information Sheet (Appendix 9.2) as well as the Consent Form (Appendix 3) for them to read and sign. I then invited them to read the “What is the purpose of this research?” in the Co-researcher Information Sheet which presents the topic and purpose of the research. Co-researchers were then asked the three above questions.

Some co-researchers read about the topic again and took some time to gather their thoughts and to interrogate their felt senses before talking. Some co-researchers started to share their experience spontaneously as soon as the consent form was signed. Some were unsure about how to start the interview; in this case I invited them to tell me about a specific experience with a client. From the very start, each interview had its own atmosphere, pace and intensity. My role as a researcher was very much like my role as a therapist which is first and foremost to meet the person where they are. I felt this process was reciprocal and through our embodied dialogue both myself and co-researchers were trying to meet the other by attuning to the other. It is through this reciprocal attunement that a shared space was created. It is in that way that what emerged from our encounter, the data, was fundamentally co-created.

The way of questioning or intervening during interviews was very similar to my approach in a session with a client where I help them open up and describe their experience. I relied on my embodied sense of the encounter to know when, how and how much to intervene. Figure 5.3 below shows examples of interventions.

Figure 5.3 – Examples of interventions during interviews

• Exchange 1	
Co-researcher:	<i>What did I feel when I sat with her [a client] this morning? I felt very grounded, did it feel embodied? I just felt very solid in myself, my physicalness</i>
Researcher:	<i>What does that mean ‘very solid’?</i>
Co-researcher:	<i>Very strong, very at home, very in my chair! In my body, in my role! In my job</i>
• Exchange 2	
Co-researcher:	<i>My instinct kicked in, I was in the presence of danger, that cruel energy set up my reptilian need to protect myself by removing myself from the threat</i>
Researcher:	<i>How did you pick that up?</i>
Co-researcher:	<i>Just straight off, I really listen to my body so I'm quite in tune with what it lets me know, it's very quick for me</i>

When I felt a co-researcher did not know how to carry on, I came back to something they brought up and which, for some reason, stayed with me. I sometime shared my own experience or thoughts with a co-researcher when I felt it was a way to further explore or understand a particular aspect of the phenomenon; at other times my motivation for disclosing came from my sense of the relationship at that particular moment.

At the end of each interview I asked the co-researcher: *What was it like for you to be interviewed? To share your experience with me?* This question served two purposes. Firstly it was relevant to the topic and research methodology in that it gave an opportunity to each co-researcher to share their sense of the encounter including their sense of embodied intersubjective relating between us; it enable co-researchers to share how they approached the interview, their concerns and hopes. Therefore it offered valuable contextualising elements. Secondly, it was a way to have a debriefing with each of them and to address any concerns or difficulties if they had arisen.

During the interview process I approached each encounter with the intention of capturing traces of the intersubjective relating between co-researchers and their clients as well as between co-researchers and myself. My assumption about primary intersubjectivity as happening through embodiment perhaps limited my openness to other ways of seeing intersubjectivity. Although I was aware of this and tried to be open to any experiences and beliefs - for instance certain co-researchers viewed intersubjectivity as happening through the spiritual dimension – it is possible that I did not hear certain ways of approaching intersubjectivity that were too far from my understanding of it, which potentially led to an overemphasis of the role of embodiment in intersubjective processes.

Another of my assumptions at the start of this project was that by exploring female therapists' experience of embodied relating with their clients, stories about their embodiment would emerge: stories that would reveal something of their enculturation as women in Western patriarchal societies, stories that would give a sense of how they inhabit their bodies and how this affects their therapeutic work with clients. I was mindful throughout the interviews of not steering the discussion in that direction. This theme did come up with two co-researchers but both moved on quickly to other experiences that seemed more significant for them so I did not ask for further exploration.

5.3.3.3 – Post-Interview

After each interview reflexive notes were logged in the research diary; I wrote comments about the atmosphere of the interview, what it was like to be with a co-researcher, our way of relating together and what I was left with in terms of sensations and thoughts. What was most striking is how different I felt from my usual embodied self after each encounter and how I carried within me, for about a day, the presence of the other. Some of these reflexive notes are presented with each co-researcher's account so as to give a sense of the situations these accounts emerged from.

5.3.4 – Data Analysis

5.3.4.1 - *Transcribing Interviews*

The interviews were transcribed verbatim shortly after my meeting with each co-researcher while the atmosphere of the encounter was still fresh. Identifying characteristics relating to the co-researcher were then changed.

The transcriber is never neutral and context-free; any transcription reveals something of the transcriber's situatedness and intentions. Therefore as such the transcription process is already part of the interpretation process. By trying to understand the co-researchers' accounts but without them, I transcribed my understanding of each co-researcher's account. At this point the question of how to fairly represent co-researchers' experiences started to preoccupy me.

5.3.4.2 - Extracting Relevant Segments, Re-writing them using Stanzas and Including my Reflexive Comments

Immersing myself in each co-researcher's account, extracting the segments relevant to the topic and re-writing them using stanzas was one of the most enjoyable phases of the research process. Taking the time to dwell in the accounts and trying to deeply understand each co-researchers' experience made it so.

I followed a similar procedure with each co-researcher 'transcript. I worked on one co-researcher's transcript at the time:

- I started by reading the transcript several times, letting it break into stand-alone short stories which I called segments; segments were extracted when they were relevant to the topic or when they offered a sense of the embodied dialogue and of the relational dynamic between the co-researcher and me. So certain segments present the co-researcher's voice and others include a dialogue with both the co-researcher's and my voice;
- I re-wrote each segment using stanzas, deciding how to break sentences in shorter lines and how to group these short lines together. The aim was to use the stanzas to show something of the co-researcher's presence, way of being and way of talking as well as to highlight the meanings of each segment. The process of re-writing segments using stanzas was a hermeneutic process in that the choices I made were based on my experience of the co-researcher, of our encounter and on my understanding of their account. Once a segment was re-written in stanzas, I chose a title using one word or a short sentence from the segment that encapsulated its main meaning. Figures 5.4 below shows an example of this process.

Figure 5.4 – Example of re-writing a segment using stanzas

- Original transcript – Christina (C)

S - I'm very interested about what you're saying so you're taking her body inside.... I mean her body and all of her.

C - I think I'm always taking... in order to... when I get to know... if I take somebody on, ok?

S - Hum hum...

C - It's serious -

S - Hum...

C - isn't it? (big breath in) So I have to live with them. They have to come to reside in me somewhere in order for me -

S - Yeah...

C - to... find a place in my... self... it might not be all lovey-dovey -

S - Hum...

C - or... and to find a way of connecting with their psyche and their physicality and their essence. And so when I take somebody on.... (long pause) I tend to be quite preoccupied with them in the beginning -

S - Hum hum...

C - because... or if I'm not...

S - It means something

C - It's really a big indication.

- Extracted segment and title

They reside in me somewhere

If I take somebody on

it's serious

I have to live with them

they have to come to reside in me somewhere

in order for me

to find a place in my...

self

and to find a way of connecting with their psyche

and their physicality

and their essence

so when I take somebody on

I tend to be quite preoccupied with them in the beginning

or if I'm not

it's really a big indication.

- I sent the segments written in stanzas to co-researchers inviting them to give feedback. I received email responses from all of the co-researchers. One co-researcher asked me to change the details of a story involving a client so as to further anonymise their account. Other co-researchers asked me to remove passages from their accounts. On one occasion I felt that a passage a co-researcher asked me to remove was showing an essential aspect of the phenomenon being studied. After explaining and discussing the importance of the passage with the co-researcher they agreed for it to appear in their account. This passage will be discussed in chapter 6 - Finding. At the end of this feedback process all co-researchers confirmed that they agreed with their account and interview being published.
- I then integrated both my reflexive notes and comments about the segments throughout the co-researchers' accounts. An example of this integration is presented in Appendix 9.5.

Although this process captured each co-researcher's lived experience in its depth and complexity, the lengthy nature of the accounts created meant that findings would be difficult to share and discuss. So I decided at this point to add a process of analysis that would organise co-researchers' experience into themes.

5.3.4.3 - Thematic Analysis

After an immersion in each encounter, I began to synthesise all the accounts into main themes. In extracting segments and giving each of them a title in the previous analytical phase, I had already started to isolate some thematic aspects of the phenomenon. I was also familiar with the accounts at this point.

Using van Manen's selective approach, I began to conduct the thematic analysis. The steps followed are described below:

- **Step 1 - Selecting relevant parts of transcripts**

The first step of van Manen's method involves going through each transcript to highlight sections that are relevant to the phenomenon being studied. Since I had already been through that step in the previous method of analysis, I was able to use the extracted segments from each transcript. An example of what was produced after step 1 is presented in Appendix 9.6.

- **Step 2 - Arranging selected parts in cluster by theme**

The second step involved looking at all the sections extracted from a transcript, grouping them together by theme and putting them in a table. Extracted sections were put in the left side of the table. The right side of the table was used to write a word or sentence summarizing the meaning of each section; this was done using mostly the language employed by co-researchers so as to stay close to their experience. Each theme was then given a temporary title. Table 5.2 below shows an example of this process.

Table 5.2 – Example of arranging selected parts from an account in cluster by theme

Theme 1 - A phenomenon of life

<i>For me it's a phenomenon of life and it exists all the time</i>	Phenomenon of life It is present all the time
<i>It is a sense that we all have</i>	It's a sense
<i>I've learnt how to regulate it more to regulate my awareness of how I am impacted by my environment which includes the other person</i>	The awareness of how I am affected by others and environment
<i>It's just critical that as therapist we are open to how we are impacted by the information that we're getting from all our senses one of those being the kinaesthetic sense of how our body responds how our whole being responds not just our thinking</i>	Being open to how our body and whole being respond to others and our environment
<i>And that information we take in through seeing through our skin through our hearing through our smell</i>	Information taken in through our senses
<i>Through the skin You don't need to be touching you can sense people</i>	Through the skin sense
<i>people are processes and all the time that I sit together with a</i>	Having a dynamic embodied experience of the dynamic relation

<i>client</i> <i>same as I sit together with you now</i> <i>we change</i> <i>our embodied experience of that is going to</i> <i>be different</i> <i>it changes from moment to moment</i> <i>Because it's a dynamic process</i> <i>relationships</i> <i>it changes all the time</i>	
--	--

- **Step 3: Writing a short paragraph for each theme**

This step involved writing a short paragraph summarizing the main meanings for each theme. Figure 5.5 below shows the paragraph corresponding to the theme presented above “A phenomenon of life”.

Figure 5.5 – Example of a paragraph summarising the main meanings of a theme

The embodied dialogue is a phenomenon coextensive to life, it exists all the time. We can sense it. We can gather information about it through our senses (including the through-the-skin sense which is the sense of how our body responds, how our whole being responds). We have a dynamic embodied experience of our dynamic relation with others and the environment.

During this step, the language was changed to some extent so as to bring the main meanings together. Step 2 and 3 were applied to all the themes identified in a transcript. An example of this process is presented in Appendix 9.7.

Steps 1 to 3 were carried out for each transcript producing seven documents presenting each co-researcher's main themes.

- **Step 4 - Identifying universal and subordinate themes**

In this step of the analysis all the themes that emerged from all co-researchers' accounts were considered. When themes from different co-researchers expressed similar ideas, themes were clustered together; themes that were specific to one co-researcher were at this stage discarded. For example all co-researchers described the experience of having embodied

responses, senses and intuitions when working with clients. So these themes were grouped together to create the subordinate theme ‘Embodied responses, senses and intuitions’.

Once subordinate themes were created it became apparent that some of these themes could be further grouped together since they expressed different aspects of a similar theme. For example the above subordinate theme ‘Embodied responses, senses and intuitions’ together with two other subordinate themes ‘Sensing oneself, the other and the dynamic relation’ and ‘Mysterious yet familiar experiences’ became part of the universal theme ‘Being affected by the encounter’. Table 5.3 below shows an example of this process.

Table 5.3 – Identifying universal and subordinate themes

Universal theme: Through Therapists’ Transformation Clients are Revealed

Being Affected by the Encounter	Co-researchers experience embodied response, senses and intuitions while working with their clients.
Sensing Oneself is Sensing the Other and the Dynamic Relation	By being attentive to how they are affected and responding to the other and the encounter, co-researchers can get a sense of their clients and the dynamic relation.
Mysterious yet Familiar Experiences	The embodied responses, sense and intuitions that come with being affected by the other and the environment evade explanation; they are however familiar experiences.

A table including all the relevant quotes by universal and subordinate themes was created so as to compare quotes in the last stage. Appendix 9.8 shows a shortened version of the table.

- **Step 5 – Choosing relevant quotes**

In the last step of the analysis the statements that best expressed the essential aspects of each subordinate theme were chosen.

As in the data collection process, throughout both the narrative and thematic analysis processes, I kept an eye on my assumptions in relation to the topic. For instance I was particularly careful around the theme 'Knowing Oneself' as it emerged from the analysis since one of my assumptions at the start of the project was that the more therapists are aware of their own embodiment, the more they know themselves, the more they are able to work with the embodied intersubjective dimension of encounters. Therefore I kept going back to the data to make sure this theme was grounded in it.

The dual analysis was important for this project as narrative and thematic analysis complemented each other and highlighted different aspects of therapists' experience of an embodied dialogue with their clients. Co-researchers had a strong voice in the narrative analysis; this analytic process kept a lot of the nuances, depth and texture that make the findings rich and interesting to read. Whereas through the thematic analysis co-researchers' voices were diluted to allow for essential themes to emerge, thus making such a complex and multi-faceted phenomenon easier to grasp.

The following chapter will present the findings from both forms of analysis.

6 – Findings

“If there is no objective truth to be found, then there can be no ‘findings’. What we have is the voices and experiences of our participants and ourselves”

(Etherington, 2004: 83)

This project is concerned with what happens between therapists and clients when they are in the presence of each other and more specifically with female therapists’ experience of the phenomena that occur when working with the embodied intersubjective dimension of encounters; phenomena that I have grouped together under the name of ‘embodied dialogue’.

This chapter presents the findings that arose during both the narrative and thematic analysis of co-researchers’ accounts. This first part of this chapter tells the story of the interview phase. This story is composed of several threads that are woven together, inform and contextualise each other:

- Co-researcher’s stories: their experience of the embodied dialogue with their clients, their beliefs and feelings about the phenomenon as well as their experience of the interview.
- My story: the story of my encounter with each co-researcher, how being together with them and our conversations impacted on me. This thread gives a context to each interview and to the interview process as a whole in that it makes me visible throughout.
- Our encounter which is the ground from which co-researchers’ stories and mine emerged. During the interviews certain stories were recalled and others were not; what the co-researchers chose to share and what I chose to share depended on the nature of our encounter. So this thread is about the co-created dimension of the interview. It is not possible to give a full account of an encounter but, through co-researchers’ stories and mine, a sense of how we related and a sense of the space and atmosphere we co-created arises.

Each co-researcher’s modified account includes (1) an introduction presenting the context of the interview, (2) an integration of the co-researcher’s segments, my interpretation and

reflexive comments and (3) post-interview notes and reflexive comments. As explained in the Methodology chapter (5.3.4 – Data Analysis) I have extracted, from each interview's transcript, segments that best convey the co-researcher's experience. I have chosen to present these segments using a stanza form supported by Etherington (2004) and Gee (1986). Stanzas allow for the rhythm, hesitations, breaks in the conversation to appear. They allow the reader to have a sense of each co-researcher's pace and way of sharing their story. By using stanzas the dialogue can be felt as well as read. In each segment the co-researcher's stanzas are placed on the left hand side of the page, my interventions are on placed on the right. Due to the lengthy nature of the findings that came out of the narrative analysis, only the first co-researcher's modified account is presented in full in this chapter; the following ones can be found in appendices (9.9 – Full Presentation of the Findings from the Narrative Analysis). Accounts are presented in order of their occurrence.

The second part of the chapter presents the main themes that arose during the thematic analysis of the interviews. Themes not only capture the essential aspects of a shared phenomenon but they also organise and transform the experience of embodied dialogue which is multi-layered, multidimensional and otherwise difficult to grasp into something clearer, more accessible and easier to share.

6.1 – Findings from the Narrative Analysis

6.1.1 – Rachel

Context of the interview

Rachel is the first co-researcher I interview as part of the pilot study. Before the interview I am worried that I will not get enough data or not the 'right' data. I am oscillating between wanting to control the situation and staying with the uncertainty to allow for a dialogue to develop. I feel a slight electric current running through my body, I worry that this sensation is going to be in the way of me being fully present. When I meet Rachel I experience her as warm yet I sense a reserve or wariness perhaps, which I respond to by being more attentive to our interaction and more careful with my interventions.

The interview

Segment 1

A phenomenon of life

*For me it's a phenomenon of life
I have become much more in touch with
through my training and personal development
and it exists all the time*

*It is a sense that we all have
and sometimes it can be overwhelming
I've learnt how to regulate it more
to regulate my awareness of how I am impacted by my environment
which includes the other person*

*It's just critical
that as therapist
we are open to how we are impacted by the information
that we're getting from all our senses
one of those being the kinaesthetic sense of how our body responds
how our whole being responds
not just our thinking*

*And that information we take in
through seeing
through our skin
through our hearing
through our smell
what I am taking in from my clients informs me about
how I respond to them
and how they're responding to me
before we even start talking.*

As we start the interview Rachel speaks slowly. She carefully chooses her words and pauses regularly. It feels as if the phenomenon we are looking at is something fragile, something we could break with words or lose if we were to speak too quickly. Rachel's precaution illustrates the difficulty of finding appropriate words when talking about how embodied intersubjectivity is experienced and what it means. For Rachel everyone has a sense of the embodied intersubjective dimension in an encounter, we can sense our environment, situations and people. This is not a therapeutic phenomenon but a life phenomenon. Rachel

can regulate how much she senses. I am curious about how she adjusts her sense but, at this point, I do not ask and instead follow her.

Rachel says that in her sensing there is an inherent responding; sensing and responding are not separate but two aspects of the connecting movement toward the other. The interaction that happens in parallel to talking is made of the meeting of each side's sensing / responding. This idea becomes clearer when Rachel further defines what she means by 'kinaesthetic' and 'through the skin':

Segment 2

Through-the-skin sense

How do you define 'kinaesthetic'?

*Through the skin
you don't need to be touching
you can sense people
and in that sensing you respond to them
it won't be a thinking response
it will be a through the skin response
that then may come into your thinking.*

I find the word 'kinaesthetic' restrictive: it narrows the phenomenon of embodied intersubjectivity down to a phenomenon that concerns the body only; it reduces the ability of sensing people to the function of sensory organs, the proprioceptors. Moreover it does not account for the inherent responding that is part of the sensing. The term 'through the skin', however, with its metaphorical and more poetic connotations, goes beyond the idea of a sensory organ and evokes a fundamental permeability and interconnectedness between people.

Segment 3

Being embodied

*I think it is very important for me to be embodied
so I know that I'm self-supported*

so I can then be there to support the client

*I have a number of clients
that are split
the body is not part of them
it's all about their thinking
they objectify the body*

I instantly wonder what Rachel means by 'being embodied'. She partially answers when she talks about clients who are *not* embodied, clients who are 'split'. Being 'split' here means that these clients rely on their intellectual understanding more than their felt senses of a situation. When Rachel is embodied she can get information from all levels of experience through her emotional, physical and sensory responses to a situation. To feel self-supported and support clients Rachel needs her engagement with them to be informed by all her embodied responses, not just her intellectual understanding.

Being embodied – as the process of being aware of one's embodied responses - seems to be a way for Rachel to look after herself in her work with clients and a condition to be of service to them.

Segment 4

Rachel's fundamental movements and embodiment

*So you've said earlier
[the embodied sense] it's something you've learnt how to regulate
something you've learnt through your training
it's something you've learnt to use*

*It is
absolutely*

*I learnt what my fundamental basic natural way of moving is
and that enabled me then to accept myself as I am
and to be comfortable to sit in my body*

*So I have one!
If somebody comes up close to me*

*facing me
in my face
it's threatening
I will kick out*

What will happen?

I'll kick

You'll kick?!

*I know I shouldn't kick people
because I am a grown up
and I don't want to be hit back
and yet there is this real strong urge to do that
now that doesn't mean I was taught to do that
but what I know happened
in my history
was that I had a mother that did a lot of that*

*That information is invaluable
when we are meeting other people
because these things happen all of the time
and generally out of awareness.*

Rachel describes one of the steps towards being able to regulate the sense of how she is impacted by others: she needs to know herself and more specifically know how her story is held in her movements as well as how she tends to respond to certain situations. In the following segment Rachel gives an example of how the awareness she has about her embodiment serves as a ground in her work with clients.

Segment 5

Knowing oneself / Being there in the service of the client

Sometimes a client might sit forward (leans forward)

How do you respond to that?

*I have to check
because my automatic movement is to go like that (leans back)
and depending on the work
I have to be careful
I have to ground myself and check
“ok, why am I doing that?”
Is that the right thing to do for this client?”*

*Then what about you?
Do you check if you are comfortable as well?*

*Well I do check
I might leave myself feeling uncomfortable
because I am there in the service of the client
so if I feel uncomfortable
but I can ground myself
because I can be embodied in that
and know that’s actually my historical response
as opposed to they are threatening me*

Rachel’s self-awareness allows her to differentiate between an automatic, historical response and a response to the present situation, between a perceived threat and an actual threat.

She can stay in an uncomfortable situation as long as she can ‘be embodied in it’; this means that as long as her engagement with her client keeps being informed by all her senses, as long as she can keep sensing herself in the situation and in the relationship, she has a ground to work on.

Segment 6

Therapist’s embodied responses as information

*My embodiment really informs me
along with the other information I’m getting
of what it’s like to be with this client
I’m likely to explore if that’s their experience with other people
or I hear what their experience of relationships with other people is*

Through her embodied responses Rachel gets a sense of the kind of dynamic her client tends to create with people since her responses to this client are likely to have similarities with other people's responses to this client outside of therapy. The dynamic that this client tends to create (and that would perhaps be difficult for the client to describe) is directly felt by Rachel.

Segment 7
Opening / closing

*I had a new client starting the other week
and following me up the stairs
I could feel the buzz going on behind me
and actually one the reason she's in therapy is because...*

It's too much?

*It's too much!
in that instance
what I do is that I start to feel lots
and I shut some of it off
because it's too much for me
and I would lose myself
but I know that's what's going on
it's a choice*

*So that's what you mean by regulate?
Like the lens of a camera
you open and close?*

Yeah

You decide how much you can take

*Or I notice if I start to disappear
historically I come from a disappearing place
so I learnt as a child that that's the best thing for me to do
and I became very closed*

closed is my...

Default almost?

Default

I think that's the word

it's my default position

so my training and my personal development has enabled me to open

and I still know how to close

With some clients

I realise

maybe I wasn't there for some of the session

*And when you say "I wasn't there"
what do you mean?*

I don't have a recollection of what was going on

so there'd been something that had gone on in the session

that's meant that that's where I've gone

and that's the sort of thing I'd take to supervision

Rachel recognises one of her responses: she starts disappearing. She knows that in order to be there for this client at this moment she needs to adjust how aware she is of their impact on her and regulate how much she senses.

However she also describes times in which the adjusting happens out of her awareness, times in which she temporarily stops being aware of her responses. This is possibly a way to protect herself from a situation that she perceived as overwhelming or threatening. This response happened at a pre-reflective level of consciousness; only retrospectively is she able to reflect on the situation from an observational reflective level of consciousness.

I am touched by Rachel's story. I wonder if people interested in embodiment and intersubjectivity have something in common. I think about my story. Do people interested in these topics have a particular kind of story? Stories that include having to regulate, from a young age, how they are affected by their environment and by others in order to stay safe.

Comments

During the interview I feel that there is, at times, a tutor – student dynamic between us. I believe this is mainly due to the fact that I am unsure about how to be there with her as a researcher. At this stage of the research I do feel more like a student than a researcher. I am gathering data more than we, as researcher and co-researcher, are co-creating data.

During the interview I experienced Rachel as having a very still presence and as inviting me to be still. My sense was that, through her presence, she was showing me how to let myself be affected by the situation and our encounter. This sense I had gave me a glimpse of how Rachel works with the embodied intersubjective space in that aspects of how we related to each other during the interview probably parallels what happens between Rachel and her clients. Through the way Rachel inhabits her body, her way of being there in the room and her way of relating, she is creating a space in which clients can progressively get in touch with their own embodiment and what she calls the “through the skin” sense.

Looking back, now that all the interviews have been completed, I realise how scared I was about being embodied at the beginning of the research process; exploring my embodiment and becoming more aware of myself in a bodily way felt risky. I now know that the slight electric current I felt in my body at the start of the interview with Rachel usually happens when I am a bit overwhelmed and close down to a degree.

The second part of this chapter takes now a step back from individual experience to look at the themes that have emerged from the interviews.

6.2 – Findings from the Thematic Analysis

Van Manen (1990) proposes that “*Theme is the sense we are able to make of something*” (p88); the themes created represent what I was able to ‘see’ of the co-researchers’ experiences at that particular point in time and in the context of our encounter. Another researcher, with a different perspective and openness, would probably have ‘seen’ different themes.

In the following thematic presentation some of the co-researchers' segments are used several times to illustrate different aspects of their experience. This repetition of segments across categories illustrates the difficulty of carrying out a linear exploration of an embodied intersubjective experience as it is inherently made of a matrix of connected and interrelated meanings.

Using the thematic analysis method described in Methodology (5.3.4.3 – Thematic Analysis), I identified 12 subordinate themes (themes experienced by at least four therapists); these themes were grouped together to create 3 universal themes:

1. Through Therapists' Transformation Clients are Revealed
2. Entangled Embodiment
3. Using oneself as a compass

Each universal theme was composed by between three to six subordinate themes (see Figure 6.1 and Table 6.1 below):

Figure 6.1 – Universal and Subordinate Themes

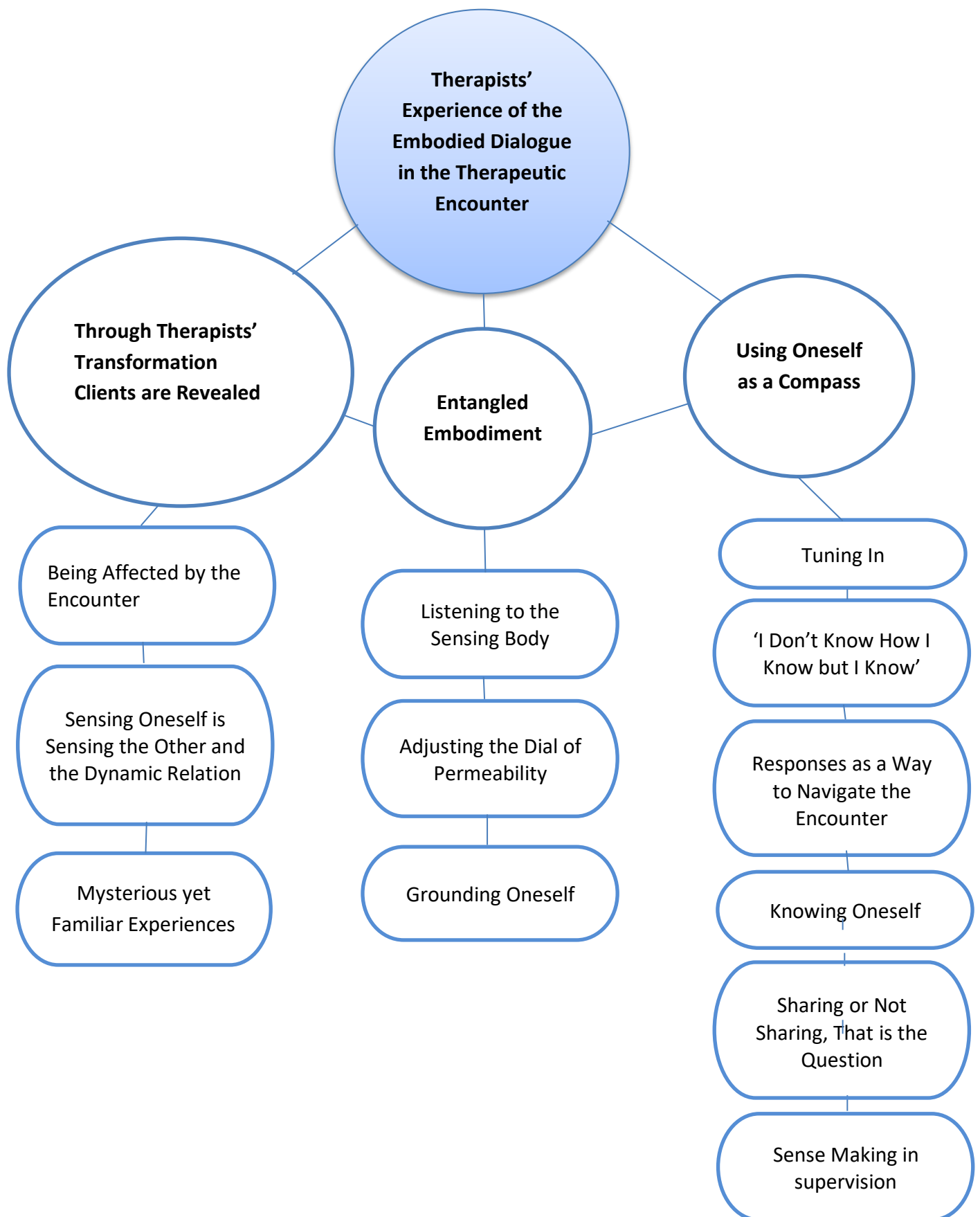


Table 6.1 – Universal and Subordinate Themes Table

Universal Themes	Subordinate Themes	
Through Therapists’ Transformation Clients are Revealed	Being Affected by the Encounter (All co-researchers)	Co-researchers are affected by the encounter with their clients. Co-researchers’ responses to their clients include the shifts and nuances in how they feel, the images, ideas and intuitions that come into their awareness as well as their physical, sensory and energetical experiences.
	Sensing Oneself is Sensing the Other and the Dynamic Relation (All co-researchers)	By being aware of how they are affected - of their embodied responses - co-researchers can get a sense of the other and the dynamic relation.
	Mysterious yet Familiar Experiences (Christina, Maggie, Heather, Maureen, Bianca)	Embodied responses, felt senses, intuitions, accessing knowledge about clients and the dynamic relation through the embodied dialogue are phenomena that evade explanation. They are nevertheless familiar experiences for co-researchers when working with clients.
Entangled Embodiment	Listening to the Sensing Body (Christina, Maggie, Heather, Bianca)	Through their embodiment co-researchers and clients affect each other. Through its manifestations –

		the embodied responses - co-researchers can gather information about their clients and their relating with them.
	Adjusting the Dial of Permeability (Christina, Rebecca, Rachel, Bianca)	Co-researchers make themselves porous to their clients. They can regulate their permeability or adjust their embodied boundaries which mean that they can adjust their awareness of how they are affected by the other.
	Grounding Oneself (Christina, Rachel, Maggie, Heather, Maureen)	‘Being embodied’ or ‘being grounded’ is an important condition for co-researchers to be of service to clients. These expressions refer to the process of being aware of one’s responses and moment by moment experiencing. They also refer to a process that allows co-researchers to integrate information coming from all dimensions of experience including their emotional, mental, physical, sensory, energetical, sexual responses as well as their cognitive understanding of a situation.
Using Oneself as a Compass	Tuning In (Christina, Rebecca, Rachel, Maureen, Bianca)	Tuning in is a process that allows co-researchers to pair up with their clients and gather knowledge about the embodied intersubjective dimension of encounters.

	‘I Don’t Know How I Know but I Know’ (Rebecca, Maggie, Heather, Maureen)	Through the embodied dialogue co-researchers have access to a stream of information about their clients and the dynamic systems they form with them. Embodied responses constitute an embodied form of knowing that is direct and mainly pre-reflective but can however arrive in co-researchers’ awareness.
	Responses as a Way to Navigate the Encounter (All co-researchers)	Co-researchers use their embodied responses as a compass to navigate the relation with their clients. They trust their responses even if they do not make sense straight away.
	Knowing Oneself (Christina, Rachel, Maggie, Heather, Maureen)	Knowing oneself, means knowing how one’s tends to respond to others and situations, knowing one’s embodied history and one’s limitations. It is an essential process to be of service to clients and to take care of oneself.
	Sharing or Not Sharing, That is the Question (Rebecca, Rachel, Maureen, Heather)	Co-researchers sharing their embodied responses can lead to shifts and breakthrough in the therapeutic process. However, often, co-researchers do not need to share their senses or intuitions as their meaning will be revealed by clients themselves not long after.
	Sense Making in supervision	Co-researchers use supervision to

	(Heather, Rachel, Maureen, Bianca)	explore their embodied experiences and bring more awareness to the ways in which they are affected by clients and by the relational process.
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6.2.1 – Universal Theme 1: Through Therapists’ Transformation Clients are Revealed

In their accounts co-researchers describe at length the many ways in which they are affected by the encounter with their clients. Through their awareness of how they are affected by the other - through their continually changing embodied experience - co-researchers can get a sense of the other and of the dynamic relation with them. Their responses, senses and intuitions experienced while working with the embodied intersubjective dimension are seen as both mysterious and familiar phenomena.

6.2.1.1 – Being Affected by the Encounter

Co-researchers are affected by the encounter with their clients. Co-researchers’ embodied responses to their clients include the shifts and nuances in how they feel, the images, ideas and intuitions that come into their awareness as well as their physical, sensory and energetical experiences.

Co-researchers have different kinds of embodied responses while working with their clients. In their accounts, these responses are experienced more or less physically, emotionally, mentally or energetically. Often co-researchers described responses that include several or all these forms.

Maureen’s quote below lists the different modes of responding; she calls ‘intuitions’ the responses she experiences:

“Whether the intuition is more sensate... so you arrive as a client, you say you're feeling fine. I start getting a headache. I didn't have a headache a few seconds ago. I then begin to wonder whether you have a headache so that the sensate. And there can be an emotional one, suddenly I feel sad or feel grief. There's the mental one. I would see an image in front of my eyes suddenly, it wasn't there before and there it is. Or I'll hear a sound, hear a word. Or there might be just direct intuition of something being in the room” (Maureen, S1).

Bianca's account offers an example of a physical response:

“I can feel it also as a sensation, as a more physical sensation like a tingling, like a tension or like a release, literally my gut moves” (Bianca, S1)

Rebecca describes a sensory experience:

“The other day I was working with somebody, she was very concerned about whether she was able to be attuned to her son and while she was talking I could smell apples. I knew it was significant. I knew this was from her” (Rebecca, S4)

Maggie's account offers examples of responses that seem to happen at several or all levels of experience. Perhaps because it is difficult to describe such experiences that occur across all levels of experience Maggie uses powerful images to express what it was like to be with these clients:

“There was something in her presence, in her engagement, I felt like she was a vortex and I was being sucked into it, my energy was being sucked into it, into this hole, into this nothingness” (Maggie, S3)

“It feels really distressing sometimes to be with her because she's so desperately uncomfortable in her own body, she's just not at home at all (...) it makes me feel even calmer and stiller and more solid I think, it feels like there's this storm around me and I'm in the centre of it, very anchored” (Maggie, S2)

So co-researchers' responses include the shifts and nuances in how they feel, the images and ideas that come into their awareness as well as their physical, sensory and energetical experiences.

The ways in which co-researchers respond to situations is idiosyncratic:

"We came into this room, we have an exchange of a few words and as we're doing so I'm feeling the energy field in the room... and by the time we sat down I do have a felt sense. I wouldn't say it's only in my body, only emotional, only mental, it's on all the levels. It is for me because of the way I'm built" (Maureen, S4)

"I don't have signals. There are certain therapists who feel like... they get a stomach thing or they get a panic here... I don't have that" (Christina, S5)

Their personal history (which includes their genetic make-up, education, past experiences, history of inhabiting their body and world, cultural environment...) shapes co-researchers' experience of others and the world; how they are 'built' impacts on what they are able to experience and how they experience it.

Working with the embodied intersubjective dimension means being affected by the encounter and being changed to a certain extent:

"I feel that I'm transformed each session, you allow yourself to be used in the service of somebody else, to some degree you're dismantled and put back together again differently each time so there's certainly a fluidity there" (Rebecca, S1)

"I think about the embodied states I go into with clients or the shapes I take up as an altered state of consciousness or a trance state" (Heather, S3)

Working with the embodied intersubjective dimension of encounters involves allowing oneself to be affected and changed as well as noticing those changes. It demands a certain fluidity from therapists, a way of holding their sense of self lightly. As will be developed in the next section, it is that fluidity that allows co-researchers to gather information about the other and the relational process.

When working with clients, co-researchers have all kinds of embodied experiences; these senses, responses and intuitions can be experienced emotionally, mentally, physically, energetically, in a sensory way, or can span over several or all of these levels. Co-researchers' personal history determine what they experience and how they tend to experience their clients and situations. Working with the embodied intersubjective dimension involves co-researchers allowing themselves to be affected moment by moment by each encounter.

6.2.1.2 - Sensing Oneself is Sensing the Other and the Dynamic Relation

By being aware of how they are affected - of their embodied responses - co-researchers can get a sense of the other and the dynamic relation. Sensing oneself, sensing the other and sensing the dynamic relation are different aspects of the same experience.

The way in which co-researchers are affected by the other is a dynamic process: their experience is continually changing as they sense and respond to the other. ‘Being affected’ means both sensing the other and responding to them; sensing and responding describe two sides of the same phenomenon. Rachel’s quote below expresses how sensing and responding are two simultaneous and inseparable elements:

“Through the skin. You don’t need to be touching, you can sense people and in that sensing you respond to them; it won’t be a thinking response, it will be a through the skin response that then may come into your thinking” (Rachel, S2)

‘Sensing the other’ and ‘responding to the other’ can be used interchangeably to describe what happens through the embodied intersubjective level of encounter. It is this reciprocal sensing - responding between therapists and clients that constitutes the embodied dialogue. So by sensing themselves, by being attentive to how they respond to the other and the situation, co-researchers can get a sense of their clients and the system they create with them.

In their descriptions co-researchers make a distinction regarding what it is they are sensing themselves in relation to: they describe sensing themselves in the system they co-create with their client (whether they call it the system, the field or the between) or they describe sensing the other (or their energy or presence) through sensing themselves:

- **Sensing oneself in the dynamic relation**

Several co-researchers describe the experience of sensing themselves in the dynamic relation:

“I once had a journalist who didn’t declare she was a journalist. She came for a session and about halfway through I asked her why she’d come because, although she was a nice person and she genuinely had something she’d brought, I could sense that the relationship wasn’t quite... there was something different about it. When there is

not a good resonance I feel that more with people's thought or their intention. I feel it more mentally" (Maureen, S3)

The experience can be of sensing the shifts in the system moment by moment:

"So I'd come and sat on the sofa with them and immediately there's a shift, there's an immediate 'poom!' of connection. Their body to me saying "I've lost you", me feeling like I've lost them physically or energetically. That really made a difference being on the same sofa with a client" (Maggie, S9)

"people are processes and all the time that I sit together with a client, same as I sit together with you now, we change, our embodied experience of that is going to be different, it changes from moment to moment, because it's a dynamic process... relationships, it changes all the time " (Rachel)

As well as a shift in the relating over several sessions:

"When she first came there was a very tangible atmosphere when working with her that was very gentle and very tender (...) we had this unconscious contract that said we'll just be really nice and nurturing to each other, that she won't attack me (...) It feels like we've outgrown that somehow, so maybe I'm sitting with this anxiety that she'll attack me, that she's torn out that agreement" (Heather, S1)

Co-researchers often describe their experience of sensing the relational process through sensing something 'in between' or in the field that affects them:

"There is a sexuality in the room between us... it feels that there's an energy, it's quite spiky" (Maggie, S6).

"Sometimes when people are going to cry I get pricks here a few minutes before. It's in the field, it's a field experience so it is in the in-between. It's not a generalised field, it's a field in between me and them; it's sort of constellated" (Rebecca, S5)

- **Sensing the client through sensing oneself**

Co-researchers described the experience of sensing clients' presence or energy:

"I didn't feel safe, it was her energy, it was her presence, it was nothing she'd said... I felt I was in the presence of evil" (Maggie, S4)

It is often the experience of sensing something that clients are bringing with them:

“I had a new client starting the other week and following me up the stairs, I could feel the buzz going on behind me” (Rachel, S7)

“It’s now my experience, when I go sleepy, that usually there’s something very unconscious in the room; it’s very often an atmosphere of some kind that travels with that person” (Maureen, S5)

Through sensing themselves, through being aware of their embodied responses, co-researchers have access to a stream of information about their clients and what is happening between them - whether their experience is of sensing the client or the system.

Co-researchers describe three common responses when sensing their clients: they can feel *the same as* clients, they can feel *for* clients or sense *before* clients (anticipate what is going to happen next):

- **Feeling *the same as* clients**

Several co-researchers describe how they can get a sense of what is happening for the client through experiencing a similar feeling as them; it is as if they are mirroring something of their client’s experience:

“I was working with a client who had severe chronic fatigue. She’d sit down and I’d start feeling sleepy. I’d find it very difficult to keep my eyes open at all. She would go, the next person would come and I’d be wide-awake” (Maureen, S5)

“Somatic countertransference, it’s the moment where I really feel exactly, well exactly... nobody knows but a very similar physical response to the one the client is having so they say “oh I have a pain in my right kidney” and I will really feel that” (Bianca, S1)

This mode of responding - mirroring what the client is experiencing - gives co-researchers a direct sense of their clients’ experience.

- **Feeling *for* clients**

Another experience described by co-researchers is one of feeling for clients:

“I feel real tenderness for somebody, it’s got a physicality associated with it, I feel myself almost like I want to cup” (Christina, S5)

“The kinaesthetic empathy is a bit different, it’s when I can physically empathise with the other person. It’s not necessarily the same feeling in the same part of the body, it’s an emotional response, empathic but kinaesthetically, in my body... which can be the energy field. I can feel it energetically, I can feel it also as a sensation, as a more physical sensation... like a tingling, like a tension or like a release, literally my gut moves” (Bianca, S1)

Unlike the previous mode of responding, this mode does not give a direct sense of what the client is experiencing but is nevertheless a way to access knowledge about the client. For instance, Christina’s feeling of tenderness is her specific response to that particular client and therefore is information; it says something about the client as well as about their relating.

- **Sensing before clients – Anticipating what is going to happen next**

Another common experience for co-researchers is one which feels like knowing or anticipating what is going to happen next:

“What happens to me quite a lot is that I... it’s almost an anticipation. I am working with someone who is moving and out of the blue I feel let’s say my liver and the second after or two seconds after the person goes and puts their hand on the liver” (Bianca, S1)

“Sometimes when people are going to cry I get pricks here a few minutes before. It’s in the field, it’s a field experience so it is in the in-between, it’s not a generalised field, it’s a field in between me and them, it’s sort of constellated” (Rebecca, S5)

“The other day I was working with somebody, she was very concerned about whether she was able to be attuned to her son and while she was talking I could smell apples. I knew it was significant. I knew this was from her” (Rebecca, S4)

Through sensing themselves in the system, co-researchers can access information that is already part of the system although it has not been enacted or verbally expressed yet by the client. Clients possibly bring with them, through their presence, something of their past and present experiences as well as something of their intentions for the future; all of this is in between, accessible to therapists. The process that leads to the client’s movement mentioned by Bianca has already started, the process of crying in Rebecca’s client has already started, the client’s experience in relation to the apple is already there with the client; these phenomena are in between for the therapist to pick up on. So, although sensing these things

feels like anticipating what is going to happen next, more than predicting the future, these phenomena show how attuned co-researchers are to the embodied dialogue and to their clients' process.

Co-researchers can gather information or knowledge about their clients and their relation with them through their senses or embodied responses. Sensing oneself, sensing the other and sensing the dynamic relation cannot be disentangled; they are different aspects of the same experience.

6.2.1.3 - Mysterious yet Familiar Experiences

Experiencing embodied responses, felt senses and intuitions, accessing knowledge about clients and the dynamic relation through the embodied dialogue, are phenomena that evade explanation. These are nevertheless familiar experiences for co-researchers when working with clients.

Phenomena that occur through the embodied intersubjectivity dimension evade explanation:

“A very ordinary feeling would be looking at young man and feeling enormous affection, physical affection for him and wanting somehow to convey that, the tenderness that let's say is maternal (...). I want him to have that feeling of emotional, physical embrace that I think he doesn't have. And then I think: in his history there's no clinical material that tells me it doesn't exist, he doesn't have a brutalising background so what is this?” (Christina)

“Somebody turned up recently about twenty years later and if you ask me about that person I think: oh what can I remember? They arrived, sit down, zing it's all there! It all comes back. I can only think that this energy field that we only perceive in fragments, it is all literally here in some form, how? I would need to be an advanced physicist to be able to explain that to you but it is the case” (Maureen)

However what struck me during the interviews is the way in which co-researchers talked about their experiences of the embodied dialogue: with an acceptance that these experiences are simultaneously puzzling and strange as well as common and familiar. For all co-

researchers sensing others, situations and atmospheres through their embodied dialogue with them is an inherent part of being and an inherent part of working as a therapist:

“It’s a phenomenon of life (...) and it exists all the time (...) It is a sense that we all have and sometimes it can be overwhelming. I’ve learnt how to regulate it more, to regulate my awareness of how I am impacted by my environment which includes the other person” (Rachel, S1).

“Always there’s a sense of the feeling in the room, that’s always there. It would be like we can’t live without gravity, I couldn’t do this work without the sense of that... whatever it is in the room” (Maureen, S10)

Co-researchers cannot explain how their embodied responses, senses and intuitions work or how they can access knowledge about their clients. Maureen told me when I asked her about these phenomena: *“I would need to be an advanced physicist to be able to explain that to you”* (Maureen, S8). Nevertheless these phenomena of the embodied dialogue are familiar experiences that are part of the therapeutic dialogue. Co-researchers do not need to understand why and how these phenomena occur; they need however to be aware of their personal way of experiencing these phenomena in order to use them in the benefit of clients. This will be developed in section 6.2.3.4 – Knowing Oneself.

6.2.2 – Universal Theme 2: Entangled Embodiment

The therapeutic dialogue includes an embodied dialogue that comes from co-researchers’ embodied engagement with their clients. The universal theme ‘Entangled Embodiment’ is composed of three subordinate themes: ‘Listening to the Sensing Body’ shows that it is through their embodiment that co-researchers can gain a form of knowing about their clients and their relating with them. The second subordinate theme ‘Adjusting the Dial of Permeability’ describes co-researchers’ experience of being porous to their clients and the ways in which they can adjust their permeability or embodied boundaries depending on clients and situations; the third theme ‘Grounding Oneself’ looks at what ‘being grounded’ and ‘being embodied’ mean for co-researchers and how these are conditions for them to be of service to clients.

6.2.2.1 – Listening to the Sensing Body

Through their embodiment co-researchers and clients affect each other. Through its manifestations – the embodied responses - co-researchers can gather information about their clients and their relating with them.

The body is mentioned or suggested throughout co-researchers' accounts. It is talked about in different ways from one co-researcher to the other but also in different ways within an account. There is, in their descriptions, a constant ambiguity between the physical body and the lived body.

In several accounts the body is described as a sensory organ or as a sensing tool. Through their body-instrument co-researchers can access information about the situation:

“I am working with someone who is moving and out of the blue I feel let's say my liver and the second after or two seconds after the person goes and puts their hand on the liver. It's as if my body somehow was picking up some unconscious movement”
(Bianca, S1)

However, even when co-researchers talk about the body in an objectifying way, “body” never seems to mean just the physical body but seems to refer to the lived body and its interwoven emotional, energetical, sexual, physical ways of experiencing the world:

“If I'm thinking of my body I'm thinking of emotions, I'm thinking of sexuality, it includes health and physical strength” (Maggie, S7)

‘Body’ seems to refer to embodiment as the medium through which therapists and clients affect each other:

“I just was terribly aware that the body that comes into the room has an impact on my body and I have an impact on that body. We make assessments based on the feel of something... the feel of somebody” (Christina, S4)

Maggie's feeling of being ‘in her body’ is an expression that describes a general feeling of strength, groundedness and wholeness:

“I just felt very solid in myself, my physicalness (...) Very strong, very at home, very in my chair! In my body, in my role! In my job. But there are times when my body is not feeling that way with some clients” (Maggie, S1)

The expression ‘listening to the body’ refers to the experience of accessing a form of comprehension and knowing that is other than cognitive:

“It’s just critical that as therapist we are open to how we are impacted by the information that we’re getting from all our senses; one of those being the kinaesthetic sense of how our body responds, how our whole being responds not just our thinking” (Rachel, S1)

‘Listening to the body’ means that co-researchers observe their responses, they are aware of their felt sense of a situation; felt sense that can encompass several levels of experience:

“We came into this room, we have an exchange of a few words and as we’re doing so I’m feeling the energy field in the room... and by the time we sat down I do have a felt sense. I wouldn’t say it’s only in my body, only emotional, only mental, it’s on all the levels. It is for me because of the way I’m built” (Maureen, S4)

Listening to the body is the process of keeping an eye on the embodied pre-reflective engagement with the other, on the embodied dialogue, through keeping an eye on its manifestations – the embodied responses - that arise in observational reflective consciousness:

“My instinct kicked in, I was in the presence of danger, that cruel energy set up my reptilian need to protect myself by removing myself from the threat (...) I really listen to my body so I’m quite in tune with what it lets me know, it’s very quick for me” (Maggie, S4)

‘Body’ in the accounts refers to embodiment as both the lived body and the physical body, as the medium through which therapists and clients affect each other, as the source of responses, felt senses and intuitions, and as the medium through which co-researchers gain understanding and knowledge in a way that is other than cognitive. Listening to the ‘body’ means taking into account information gathered through the body that is continually sensing and responding to its environment, the body that carries co-researchers’ unique history of entanglement with the world and others.

The objectification of the body in several of the accounts can be explained in two ways:

- There is little available vocabulary to describe experiences such as sensing the other through sensing oneself or understanding in ways that are other than cognitive. So the ways in which co-researchers use the word ‘body’ reflects the familiar Cartesian language used in the psychotherapy field to talk about phenomena that occur in the embodied intersubjective dimension of encounters. There is however, throughout the interviews, signs of new relational ways of describing intersubjective phenomena; this research could therefore be used to gather a new language and address the current lack of appropriate vocabulary.
- The body-subject - the part that is continually sensing and responding to the environment – can be experienced as a part that has a life of its own, as a part that is not under control of the self since it is in a constant process of being affected and affecting. Therefore and paradoxically, even the subjective body can be experienced as an object: as something that, when it manifests itself through embodied responses, is happening to one’s self. This suggests that the body-subject is experienced as such only at a pre-reflective level of consciousness; as soon as it enters the observational reflective level of consciousness it becomes an object of reflection for the self.

6.2.2.2 – Adjusting the Dial of Permeability

Co-researchers make themselves porous to their clients. They can regulate their permeability or adjust their embodied boundaries which mean that they can adjust their awareness of how they are affected by the other.

Throughout their accounts co-researchers talk about how they allow themselves to be affected by the other, how they make themselves porous to the other. They describe the experience of something getting in:

“If I take somebody on, it's serious. I have to live with them, they have to come to reside in me” (Christina, S2)

“It worries me what's left inside me and what I will become. Because there's an accretion of memories and experiences over time. I feel that I'm transformed...each session. You allow yourself to be used in the service of somebody else” (Rebecca, S1)

This impression of the client on the therapist is dynamic and follows the relational process:

“When I have a very strong feeling in my body out of the blue and very strong - I feel pain in my shoulder and the person starts to move their shoulders - I think it's something about permeability. (...) it's very clear that the sensation I have comes out of the blue and it's not mine and then when the movement happens in the mover, in the client, my energy changes. I don't merge psychologically or emotionally with what I have experienced, I just receive it. Then it just goes and continues, the movement and the relationship continues, whatever is happening continues” (Bianca, S2)

Several co-researchers describe the ways in which they can regulate the awareness of how they are affected by the other and the relation; how they can change the ‘dial of their permeability’ or adjust their embodied boundaries. They can choose to sense less or they can leave parts of themselves impermeable. Co-researchers also describe times in which this regulation happens involuntarily.

Certain embodied responses prompt co-researchers to become less permeable to the other. When Rachel recognises one of her historical responses - she starts disappearing - she knows that in order to be there for her client at this moment she needs to adjust how much she feels:

“What I do is that I start to feel lots and I shut some of it off because it's too much for me and I would lose myself but I know that's what's going on, it's a choice” (Rachel, S7)

Maggie's account offers an example of a different type of regulation: she chooses which parts of herself can be affected, which parts are permeable and which parts are not:

“I'm very aware of my sexuality with women and men, it's present and I like that. I think it's part of being alive and being vital but if it switches into being turned on, that's the limit, and it never has and this is my fear I suppose. I just don't want it in the room and I wonder if my not wanting it has meant that it hasn't happened because I just have left that part closed, it's not open, it's not open to possibilities” (Maggie, S6)

Co-researchers also describe situations where the adjusting of embodied boundaries happens out of their awareness and where the disconnection from sensing (oneself and the other) is realised a posteriori:

“With some clients I realise maybe I wasn’t there for some of the session (...) I don’t have a recollection of what was going on so there’d been something that had gone on in the session that’s meant that that’s where I’ve gone and that’s the sort of thing I’d take to supervision” (Rachel, S7)

Certain degrees of permeability can lead to boundaries between co-researchers’ experience and that of clients becoming blurry. Bianca’s quote below describes the consequences of being ‘too open’ or too permeable:

“At the beginning it was much more difficult I suffered quite a lot at the hospital where I work because I was very permeable (...) I really merged with a lot of unconscious stuff from clients (...) they went under my skin. Now I am much more solid. I think there’s something about permeability, my embodied boundaries change with the client. I’ve learnt how to protect myself a bit better, particularly working with acute mentally unwell clients. But at the hospital I really suffered because of that openness. I was too permeable to the countertransference. I was partly identifying with the clients. I just completely merged...not completely because I didn’t have a psychotic breakdown but I think I colluded with a lot of the hopelessness and I was hopeless most of the time... putting on weight (...) putting on ten kilos and not realising, being at home just trying to disembody myself, trying to cut myself off from my body. It took me a long time to realise. My supervisor and my therapist, they helped me change the dial of my permeability! Instead of ten maybe five” (Bianca, S3)

Interestingly Bianca tries to adjust her embodied boundaries by putting on weight in order to get thicker literally. She tries to adjust the boundaries of her lived body by changing her physical body. This shows embodiment as both the physical and the cultural body, as linking matter and meaning.

By adjusting the porosity of their embodied boundaries or their permeability, co-researchers adjust their awareness of how they are affected by the other. Certain degrees of permeability

allow co-researchers to be of service to their clients. However certain degrees of permeability lead to a diminished or different sense of embodied self and create a situation in which it becomes difficult to distinguish between what is the therapist's and what is the client's; the boundaries between self and other become unclear. Adjusting embodied boundaries or regulating permeability appears as an essential ability for therapists to be able to be of service to clients as well as to look after themselves.

6.2.2.3 – Grounding Oneself

‘Being grounded’ or ‘being embodied’ is an important condition for co-researchers to be of service to clients. These expressions refer to the process of being aware of one’s embodied responses and moment by moment experiencing. They also refer to a process that allows co-researchers to integrate information coming from all dimensions of experience including their emotional, mental, physical, sensory, energetical, sexual responses as well as their cognitive understanding of a situation.

Several co-researchers talked about being embodied as a condition to be of service to clients and as a way to feel self-supported or solid:

“I think it is very important for me to be embodied so I know that I’m self-supported so I can then be there to support the client” (Rachel, S3)

“What did I feel when I sat with her [a client] this morning? I felt very grounded, did it feel embodied? I just felt very solid in myself, my physicalness. Very strong, very at home, very in my chair! In my body, in my role! In my job” (Maggie, S1)

Being embodied and being grounded do not describe a state but a process. Co-researchers can be of service to clients as long as they can be embodied which means as long as they can carry on sensing themselves in the dynamic relation; no matter how strong or uncomfortable the responses they are experiencing are:

“I might leave myself feeling uncomfortable because I am there in the service of the client; so if I feel uncomfortable but I can ground myself because I can be embodied in that and know that’s actually my historical response as opposed to they [clients] are threatening me” (Rachel, S5)

However certain embodied responses can prevent co-researchers to be present for clients; they interfere with the ability to stay grounded with the process of sensing themselves in the relation to the point where it is safer for the therapist and client to not work together:

“The only two times it was my physical response that led me not to work with them, whereas with other clients I might have a physical response to them but I still feel I'd be able to work with them because I haven't lost myself so I'm able to still be present and engaged and can be of service to someone but I would not have been able to be of service to them” (Maggie, S5)

This idea of ‘being grounded’ is found in most co-researchers’ accounts but described in different ways. Heather’s concept of ‘wild mind’ describes a process that allows her to integrate all dimensions of her experience:

“‘wild mind’ is the part of myself that can listen to all the different parts of my experience, so it's partly my mind but it's my body and mind working together. It's trusting that listening to my belly is as important as listening to my head and finding a way to bring both those two together” (Heather, S6)

It resembles Christina’s experience of finding a physicality:

“There are a lot of people who were dancers who went into dance movement therapy, there are people who were always into the body who went into body therapies so it's quite funny that me working psychoanalytically have come into having a body. I think it just evolved and having children is rather a large way to have a body” (Christina, S8)

Christina has come into ‘having a body’ which, I believe, means that she has come to rely on all her responses including those which do not require a cognitive engagement. She has come to include, in her work, ways of knowing that do not involve logical reasoning.

Maureen also describes something similar when she says that she finds her intuition more reliable:

“I can talk myself in and out of anything if I start to examine things and I do examine and analyse but I've learnt not to trust that. Although the vertical I can trust but the horizontal... I can make a case for something, I can then make the opposite case, I'm

quite good at that and so therefore for me the intuition is more reliable” (Maureen, S6)

The process of examining and analysing involve mainly conscious cognitive abilities whereas having an intuition is the result of multiple simultaneous processes, many of them happening pre-reflectively. Maureen’s intuition is more reliable because it comes from her dynamic embodied engagement with the situation and is the result of the integration of information coming from all levels of her experience, not just the cognitive level.

So being embodied or being grounded describe co-researchers’ process of sensing themselves in the dynamic relation with their client and being aware of their embodied responses. It also refers to co-researchers’ ability to integrate information coming from all dimensions of their experience (their emotional, mental, physical, sensory, energetical, sexual responses as well as their cognitive understanding of a situation). By staying as aware as they can of their responses, by integrating all the different dimensions of experience, co-researchers feel ‘self-supported’ and can trust themselves to work well with clients and be of service to them. Through being embodied co-researchers are grounding their work in the embodied relating co-created moment by moment with their clients.

Being embodied and being grounded could be interpreted in a Cartesian way as meaning that mind needs to be embodied or that thinking needs to be grounded in sensing. However the ‘split’ is not between mind and body or thinking and feeling but rather between pre-reflective and reflective levels of consciousness. Being embodied or grounded means grounding one’s observational reflective experience of the world in one’s pre-reflective awareness of the world, in one’s continual pre-reflective embodied dialogue with it. It means grounding one’s self in the level of interaction with the world in which the self does not take itself as an object, in which the self is not reflected upon.

6.2.3 – Universal Theme 3: Using Oneself as a Compass

Working with the embodied intersubjective dimension of encounters demands of co-researchers an embodied engagement with clients. Co-researchers use themselves in the

service of clients by allowing clients to affect them and by bringing as much awareness as possible to their embodied experience. This universal theme presents the different interrelated aspects of using oneself in the therapeutic encounter: (1) 'tuning in' to pair up with clients; (2) accessing an embodied form of knowledge through embodied responses; (3) using embodied responses as a compass to navigate the encounter; (4) knowing oneself as an underlying condition to using oneself safely for both oneself and clients; (5) sharing or not sharing embodied responses and intuitions with clients; (6) using supervision to make sense of embodied experiences.

6.2.3.1 - Tuning In

'Tuning in' is an embodied process that allows co-researchers to pair up with their clients and gather knowledge about the embodied intersubjective dimension of encounters.

The process of 'tuning in' is a recurrent theme in co-researchers' accounts and appears as a fundamental aspect of working with the embodied intersubjective dimension of encounters. Co-researchers describe different aspects of the phenomenon of tuning in: some see tuning in as the therapist's intention and function, others describe tuning in as the process of 'taking their clients in'. For some co-researchers tuning in means being in a mode of openness to something showing itself. For several co-researchers tuning in with the other and the relational process involve entering an altered state of consciousness or accessing a part of themselves that goes beyond the personal.

Tuning in is described in some accounts as an intention that leads to co-researchers pairing up with clients:

"I find that I don't have a perception that's wildly different from the person I'm sitting with which I might do if I went to a concert or an art gallery. I might go with somebody, we might view something in a completely different way. But in the therapeutic space, as a therapist you already have the intention of tuning in with that person so you're not two completely disparate people entering the room because that's your function. Your function is to be there with that person so that's the bit you

bring to it. So that's different than two friends going to an event together where they may or may not agree, it's a completely different intention" (Maureen, S2)

Through the intention of tuning in co-researchers bring a part of themselves forward, a part that is there for the other, a part that can incorporate something of the client's reality and their way of being in the world. The client's reality is embodied temporarily by the therapist, their reality comes to co-exist with the therapist's reality; it impresses itself on co-researcher's reality for a bit so co-researcher can be aware of both and sense the difference.

This idea of incorporating something of the client's reality and way of being in the world is found in other accounts which describe a way to tune in that involves 'taking clients in'. Taking some-body in to connect with them, taking somebody in to mix with them and see how they feel:

"If I take somebody on, it's serious, I have to live with them. They have to come to reside in me somewhere in order for me to find a place in my... self and to find a way of connecting with their psyche and their physicality and their essence" (Christina, S2)

"Because you're taking in the body of somebody else (...) When you're working, some of that life energy perhaps does get transmitted to you. Maybe you give something back as well" (Rebecca, S8)

Through the permeable embodiment, co-researchers allow their clients to come in, to impress themselves on them. By sensing how clients affect them, by sensing the ways in which clients are different, they can find a way to connect with them.

For other co-researchers 'tuning in' means picking up on what changes, shifts or emerges in the relational space:

"I think it sums up the feeling that I both know and don't know what I'm doing and what's happening. So trying to tune in to something and trying to get closer and closer to something that's important, something emerging, just having a sense of... the most helpful or relevant or painful or meaningful thing; it could be any of those so it's like a heat-seeking missile. I'm not trying to get anywhere in particular (...) So it's not about knowing, it's about seeking" (Rebecca, S3)

“So as we sit together I'm sensing what's happened to the field, what does it feel like? What's that sense? And working with intuition really” (Maureen, S1)

Tuning in is a mode of being which involves co-researchers sensing the shifts and nuances in the dynamic system. Tuning in does not mean actively looking for something but means being open to something showing itself. Tuning in involves being in a mode of openness.

For several co-researchers the experience of “tuning in” can be associated with going into a temporary trance and accessing an altered state of consciousness. While in a trance co-researchers can gather information about the other and the embodied intersubjective dimension of the relation:

“I think about the embodied states I go into with clients or the shapes I take up as an altered state of consciousness or a trance state (...) My sense is that going into an altered state is part of the work, that's what we need to do, it's actually how we're gathering information about the intersubjective embodied relationship, the thing that we're in, it's how we use our relationship sensors. I think that's actually the work to surrender to the trance and to be able to move in and out of it and to trust that we can get out of it” (Heather, S3)

“I might sit with you, we're talking and I suddenly find myself looking, it's a slightly out of focus gaze, it's a little bit trance like. And then I might see a small child and I think ok so how old is that child? About five, now is what you're talking about something to do with being about five? But I never offer it directly” (Maureen, S7)

Trance states are temporary states that do not happen during all encounters. They allow co-researchers to sense knowledge and gather information about the situation that perhaps would not be accessible otherwise. Co-researchers seem to be in a pre-reflective mode of consciousness which is possibly experienced as a trance state or trance like because there is less or no observation and reflection from self momentarily. Working with trance states seems to involve the ability to operate at different levels of consciousness simultaneously and with the observational reflective level taking a back seat temporarily or the ability to oscillate between these levels of consciousness.

For several co-researchers tuning in is also associated with tuning in to a dimension of themselves that goes beyond the personal. This experience is described differently by co-researchers:

Tuning in can involve accessing a part of oneself that can integrate all dimensions of experience; a mode of being or a level of consciousness that can tap into the energy field connecting everything and everyone:

“‘Wild mind’ is the part of myself that can listen to all the different parts of my experience so it's partly my mind but it's my body and mind working together (...) it's tapping into a wider intelligence or a wider process (...) there's a process of creative growth that is working inside all of us and we, as therapists, come along and support that. for me that same intelligence or creative process is what is happening outside that helps the daffodils to grow, is moving the weather systems, that some people might call God” (Heather, S6)

It can mean accessing a higher level of consciousness and a dimension in which the wise part of the co-researcher and that of the client can get together:

“I hope that the wise part of me will get together with the wise part of you and with any luck we get out of the way, something beyond will be coming through the personal (...) If you bring in the transpersonal element, there is a higher level of consciousness in the room which we may have more or less access to” (Maureen, S4)

Tuning in can involve offering a particular kind of presence: a ‘relational presence’ as opposed to a ‘personal presence’:

“Normally I'm present and working intuitively and trusting that if I'm thinking or saying things that this is about the work. But when I notice “ha, here you are, this is you Rebecca coming in, interested, wanting to know” I feel like it's an extra presence in the room that I need to sort of show the door actually “actually, can you leave?”(Rebecca, S2)

Tuning in involves keeping one’s personal presence (oneself for oneself) in the background and allowing for a more relational presence (oneself for the other) to come in the foreground.

So co-researchers describe a way of tuning in with clients that happens through accessing a dimension of themselves that goes beyond the personal: a part that is relational and in constant interaction with others and world, a part that is experienced as wiser and as having

access to a particular knowledge. It seems to be the dimension of oneself that one access through the lived body: the part that is continually sensing and responding to the environment and that does not need the control or reflective involvement of the self; hence a part that is experienced as beyond the personal.

So co-researchers' experience of tuning in is a process that involves, for some of them, the ability to embody something of the client's reality and their bodily way of being in the world in order to sense their difference. For others it means being in a mode of openness to something showing itself which demands a certain degree of permeability so as to be affected by the shifts in the relational space. For some co-researchers it means bringing forward a more relational dimension of themselves and operating at a level of consciousness in which body and world are in continual interaction and that does need a constant reflective awareness from self.

6.2.3.2 – 'I Don't Know How I Know but I Know'

Through the embodied dialogue co-researchers have access to a stream of information about their clients and the dynamic systems they form with them. Embodied responses constitute an embodied form of knowing that is direct and mainly pre-reflective but can however arrive in co-researchers' reflective awareness.

Co-researchers' accounts show that through the embodied responses with their clients they can access information or knowledge about the interaction:

"I remember going towards, I remember my arm coming out quite automatically to touch her on the shoulder and then just... just something in that, in the way physically, it's just something that made me know that wasn't... I just pulled back my arm and use my words instead, it was so instinctual" (Maggie, S8)

Maggie accesses information about her client and responds to it by pulling back her arm. Both of these processes seem to happen pre-reflectively. Maggie becomes aware of the embodied dialogue when she finds herself pulling back her arm; this prompts her to reflect on her response to make sense of it.

In the quote below Maureen is aware of a piece of knowledge about the situation but its content is however uncertain:

“I once had a journalist who didn't declare she was a journalist. She came for a session and about halfway through I asked her why she'd come because although she was a nice person and she genuinely had something she'd brought, I could sense that the relationship wasn't quite... there was something different about it (...) I guess now we're sitting together I'm realising that I could tell” (Maureen, S3)

Embodied knowing is an experience that is difficult to put into words: ‘*something is in the way physically, it's just something that made me know*’, ‘*I could sense that the relationship wasn't quite... there was something different about it*’. Through their embodied responses co-researchers become aware of the dynamic of the encounter but the knowledge sensed is tentative and might not be intelligible straight away. It can be understood through reflection – Maggie understands a posteriori that her client could not have handled touch at that moment – or it might not make sense unless the intuition is shared with clients as in Maureen’s situation.

A particular aspect of the experience of gaining knowledge about clients and situations is the way in which this information tends to emerge. Co-researchers describe the experience of something making itself known, something that arrives in their senses or awareness:

“It wasn't there before and there it is” (Maureen, S1)

“I think this is them [patients] putting something into me. I don't feel that it's me seeking things out, it arrives in my consciousness or in my senses suddenly. I'm not looking for them, they make themselves known to me” (Rebecca, S6)

“The information doesn't always come and I don't look for it, these intuitive things they just come when they're needed and if you ask me how do I know that, I don't know they're needed, they just come so clearly. For some reason the information is needed in that form, sometimes I don't need it at all, it doesn't happen” (Maureen, S10)

“If I'm brought into a physical awareness of what's going on in me, more than just being here talking, I think it's got something to do with what's happening in between (...). I feel real tenderness for somebody, it's got a physicality associated with it. I feel

myself almost like I want to cup. How did that emerge, I don't know, I know it wasn't there initially but I know it is there, it's a gradual impression of experience. I don't know how I pick up on it (Christina, S5).

Co-researchers, through their responses, have access to a stream of information. However most of the embodied responses do not emerge in co-researchers' awareness. Only certain responses stand out, only certain pieces of information arrive in reflective consciousness and become available for observation and reflection.

6.2.3.3– Responses as a Way to Navigate the Encounter

Co-researchers use their embodied responses as a compass to navigate the relation with their clients. They trust these responses even if they do not make sense straight away.

Through their responses co-researchers get a sense of their clients and the constantly shifting dynamic between them. Their embodied experiences guide them with what to do next, what to say and when, as well as how to be with their clients. Working with the embodied dialogue involves co-researchers trusting their senses and relying on them.

In their accounts co-researchers describe the ways in which they use their responses as a compass to navigate the dynamic relation and how their dynamic embodied experience of the situation influences their next move:

“I remember going towards, I remember my arm coming out, quite automatically, to touch her on the shoulder and then just... just something in that, in the way physically, it's just something that made me know that wasn't... I just pulled back my arm and use my words instead, it was so instinctual” (Maggie, S8)

“I think one of my strengths and probably one of my weaknesses is that I'm very aware of my own embodied responses to the other. I use that a lot, I'll use it as a sense of what's the timing and pace for interventions, a quite complex subtle feedback mechanism of where to go and what to do really” (Heather, S7)

Through their responses co-researchers respond moment by moment to the continually changing system. This ‘complex subtle feedback mechanism’ let them know what to do next and when. The next move, in the examples above, happens at a pre-reflective level of awareness; co-researchers respond to the situation using their pre-reflective embodied comprehension of the situation.

In the examples below, however, co-researchers consciously reflect on their embodied experience; they then adjust their way of being or make decisions taking into account the insight coming from their reflective understanding of the situation:

“Sometimes when you're working with somebody you can be affected by them over distance, the embodiment is not just in the room (...) Because I was like this [shaking], I knew that they were terrified so that helped me to be ready for them. It probably made me very careful with that person and gentle. I think they needed me to know that for them this was a really terrifying thing” (Rebecca, S7)

They can use their embodied experience to get a sense what would be relevant for clients to explore:

“So my embodiment really informs me, along with the other information I’m getting, of what it’s like to be with this client. I’m likely to explore if that’s their experience with other people or I hear what their experience of relationships with other people is” (Rachel, S6)

Certain responses can lead to the decision of not working with a client:

“The only two times it was my physical response that led me not to work with them... whereas with other clients I might have a physical response to them but I still feel I’d be able to work with them because I haven’t lost myself so I’m able to still be present and engaged and can be of service to someone... but I would not have been able to be of service to them” (Maggie, S5)

So co-researchers are guided through the relational process with their clients by their embodied experience of it; they use this experience to respond immediately and pre-reflectively to a situation or they can reflect upon it and make conscious decisions about what to do next.

Even when co-researchers are reflectively aware on their embodied experience, they do not always reach a clear understanding of a situation; however their accounts show that these experiences do not need to make sense to be trusted and relied upon.

Co-researchers describe following their senses even if they are not fully intelligible at the time:

“How when I don't have space, how is it that I do make space? That's a very interesting question to me (...) I took somebody who wrote a very eloquent letter, why was I seduced? (...) Ha! Maybe it's this, it's a quality of tenderness, it touches me. I can so see where they could be if they could resettle themselves inside of themselves. So this one woman I just took... I just thought ok this is one for me!” (Christina, S3)

Co-researchers trust what their senses let them know; sense-making or meaning-making happens later:

“I felt I was in the presence of evil; that was really tangible. I didn't feel safe, it was her energy, it was her presence, it was nothing she'd said (...). My instinct kicked in. I was in the presence of danger. That cruel energy set up my reptilian need to protect myself by removing myself from the threat. I really listen to my body so I'm quite in tune with what it lets me know, it's very quick for me. Even if I don't understand them [embodied responses] straight on I will trust them, I will respond to them and then make sense of what was going on afterwards. So I trusted that I didn't feel safe with her and so I wasn't going to be the right person for her to work with” (Maggie, S4)

Co-researchers make an initial assessment based on how their clients feel to them, based on their responses to them, not on their intellectual understanding of them:

“I just was terribly aware that the body that comes into the room has an impact on my body and I have an impact on that body. We make assessments based on the feel of something, the feel of somebody, not because they fit the classical pattern of hysteria or something. That's the first thing, you don't usually reflect on it but I try to reflect on it” (Christina)

They tend to trust their senses and intuitions even though they find this experience puzzling at times:

“There's a lot in this about trust... how do we kind of sit back and trust that we'll say and do the right thing at the right time?” (Heather, S5)

So an important aspect of the experience of using one's embodied responses as a compass is trust: trusting oneself, trusting that one's embodied comprehension of a situation is a reliable form of knowing.

Through being pre-reflectively or reflectively aware of their embodied senses and intuitions co-researchers are guided in the relation with their clients. Relying on their embodied experiences is a way in which co-researchers can use themselves in the therapeutic process. Working with the embodied dialogue involves trusting oneself, trusting one's responses and intuitions even if they don't make sense straight away. Underlying this process of trusting oneself is the process of 'knowing oneself' which is presented in the next section.

6.2.3.4 – Knowing Oneself

Knowing oneself, one's embodied self, means knowing how one's tends to respond to others and situations, knowing one's embodied history and one's limitations. It is an essential process to be of service to clients and to take care of oneself.

'Knowing one's embodied self' is a topic that is present in all accounts and which appears as an important aspect of working with the embodied intersubjective dimension of encounters. While in the presence of their clients, co-researchers need to be aware of their responses and put these in the context of their usual responses and sense of themselves. Knowing oneself means knowing how one tends to respond to others and situations. It means knowing how one's body tend to feel, how one tends to inhabit one's body and the world.

Maureen knows, for instance, that she tends to have a felt sense that happen on all levels of experience:

"We came into this room, we have an exchange of a few words and as we're doing so I'm feeling the energy field in the room... and by the time we sat down I do have a felt sense. I wouldn't say it's only in my body, only emotional, only mental, it's on all the levels. It is for me because of the way I'm built" (Maureen, S4)

Knowing oneself can mean recognising particular responses when in the presence of clients and understanding what they mean and how they relate to one's personal history. Rachel's

account offers an example of this. She knows how her story is held in her movements and how she tends to respond to certain situations. Faced with a client who leans towards her, her immediate response is to want to lean back, however she chooses not to:

“I might leave myself feeling uncomfortable because I am there in the service of the client; so if I feel uncomfortable but I can ground myself because I can be embodied in that and know that’s actually my historical response as opposed to they [clients] are threatening me” (Rachel, S5)

Rachel’s awareness of her embodiment allows her to recognise her embodied response as an historical response. She can differentiate between a perceived threat and an actual threat and therefore stay of service to her client because she can keep sensing herself in the relation.

Co-researchers knowing themselves also means recognising situations in which they would not be able to be of service to clients, situations in which they would be less or not able to rely on their senses:

“He wants to bring in a laptop and show me, there is part of me that is really quite nervous about that, about bringing more sexuality into the room. I could feel my body a bit like “hum hum... not sure”, what my body did was that it tightened up. I think what it is is... the sex, sexuality becoming more than it is and I wonder whether that would take me too much to the edge for me. My body wouldn’t be as spontaneous, as impulsive, as relaxed, there’d be a kind of vigilance and quiet I think, it won’t be just my interaction with him verbally, it’ll be what’s my body is going to be allowing or offering, what is going to seep out (...) I’ve never felt turned on, I think I’d feel vulnerable. I don’t want to feel more vulnerable than I’m willing to. I like the talking therapy, I like using my body in a certain way but absolutely not in other ways” (Maggie, S6)

By having a good embodied knowledge of themselves co-researchers can feel what is different about them when they are with a particular client:

“There’s something that’s the same about you but there’s something that is brought forward because of the nature of what you create together” (Christina, S6)

That difference - the something that is brought forward - says something about the other and the system. It is crucial information for co-researchers.

By being self-aware co-researchers are able to look after themselves and create a safe environment for clients:

“I had a new client starting the other week and following me up the stairs I could feel the buzz going on behind me and actually one the reason she’s in therapy is because... It’s too much! In that instance what I do is that I start to feel lots and I shut some of it off because it’s too much for me and I would lose myself but I know that’s what’s going on, it’s a choice” (Rachel, S7)

Being self-aware, knowing oneself is an ongoing process, one that is never fully achieved. Relating with clients can trigger responses that co-researchers need to explore and understand in the context of their own background and experiences:

“I think you can be left with something. If you are, chances are that it has some resonance with an experience of your own; it usually gets hooked in (...) I was working with somebody recently in their early twenties. I found this person quite difficult and then I remembered myself at that age. Once I got that then there wasn’t a difficulty with that person anymore. I just tripped up with something of my own” (Maureen, S9)

Working with clients sustains co-researchers’ continual process of becoming more self-aware.

So by knowing themselves co-researchers are able to: (1) recognise what in their personal history is brought up when relating with clients; (2) sense what is different about them because of the particular system they create with a client and use that difference as embodied knowing about the other and the relation; (3) stay grounded, stay aware of how they are impacted by the other; (4) create a safe enough environment for clients and themselves.

6.2.3.5 – Sharing or Not Sharing, That is the Question

Co-researchers sharing their embodied responses can lead to shifts and breakthrough in the therapeutic process. However, often, co-researchers do not need to share their senses or intuitions as their meaning tends to be revealed by clients themselves.

The question of whether to share embodied responses, senses or intuitions with clients is a theme that appears in several accounts. Co-researchers' experience is that sharing their senses can lead to new insight, they however have to be mindful of the fact that doing so sometimes could appear as 'mind reading' and be disturbing for clients. Their experience is also that often they do not need to share their responses as its content will be brought up by clients.

Co-researchers sharing their senses can open new areas of exploration for clients which can lead to a new understanding of themselves and their situation:

"I was working with a client who had severe chronic fatigue. She'd sit down and I'd start feeling sleepy. I'd find it very difficult to keep my eyes open at all. She would go, the next person would come and I'd be wide-awake. After a few sessions like this I sort of said... because my eyes were dropping...you do have to say something. And it's now my experience when I go sleepy that usually there's something very unconscious in the room, it's very often an atmosphere of some kind that travels with that person. When we talked about it, the lethargy she felt, she started naming a fog. There was a stool nearby so I invited her to put the fog on the stool. When she did that we both felt much brighter. Then she started to dialogue with the fog, it turned out it was the family atmosphere and her childhood which had been very difficult and heavy. So that was an example of sensing the field and yielding a very specific and useful result and something I could share with the client" (Maureen, S5)

It can lead to pivotal moments in the therapeutic process:

"I feel really useless, I feel really distant from her, something is not quite right but it's all my fault, I didn't sleep very well last night. I'm not going to say anything because I don't know how to share it so it would be useful (...) And then about three quarter of the way through the session it just came out of my mouth anyway. She must have said something that gave me a little window. I found a way to kind of say something like "oh that's interesting because I've noticed myself not quite feeling present with you, being quite distant" and then she burst into tears. It felt the pivotal important thing that completely changed the session and had impact in other sessions" (Heather, S5)

However, often, co-researchers do not need to share their embodied responses with clients as its meaning will be revealed by clients later on:

“I might sit with you, we're talking and I suddenly find myself looking... It's a slightly out of focus gaze, it's a little bit trance like... and then I might see a small child and I think: ok so how old is that child? About five. Now is what you're talking about something to do with being about five? But I never offer it directly. (...) So I usually hold it and see if the person is about to come to that themselves. Or I would offer it to one side so to speak. I'm not saying “I have seen this”, I would never do that but I will say “I have just seen something in my mind's eye, I've had a little thought, I'm wondering how this strikes you, does this make sense to you?” Which gives that person a chance to say: “no I don't think so” and then we drop it. Also I might be wrong, all I can do is offer it but very often I'll hold something for quite some time and sometimes if you simply hold it in your consciousness it comes anyway (...) And so mostly I don't say things rather than say them” (Maureen, S7)

If Maureen chooses to share her intuition she is mindful of the way in which she does it so it does not appear as if she is ‘mind reading’; she is also careful of not imposing her response as relevant or as a truth about the client. Rebecca’s quote below also shows how mindful she is of how clients could feel if she was to share her sensory experience. She prefers to wait, knowing that the meaning of her sensory experience will probably emerge:

“The other day I was working with somebody, she was very concerned about whether she was able to be attuned to her son and while she was talking I could smell apples. I knew it was significant, I knew this was from her and I hoped I would find out... I don't assume I am going to find out because I can't ask, that would be disturbing (...) But usually when I have a strong sensory experience I don't share it because it feels like it's a preconscious communication where something is emergent and usually there is a time-lapse before it comes out from them and all you have to do is wait. After ten minutes she said that her son has been talking a lot more and today he was saying apple” (Rebecca, S4)

So sharing embodied responses can lead to insight and pivotal moments in the therapeutic process. However, co-researchers’ experiences show that often there is no need to push for it.

They trust that if they wait, its meaning will come out anyway: the client will bring it up or it will come out from the co-researcher's mouth who suddenly finds the words.

It is as if once a significant element of the client's process is in the system, once it has emerged in the relational process, this element will find a way to be expressed or through the therapist who picks up on it or through the client. It will arrive in the therapist's and/or client's awareness.

6.2.3.6 – Sense Making in Supervision

Co-researchers use supervision to explore their embodied experiences and bring more awareness to the ways in which they are affected by clients and by the relational process.

Co-researchers' accounts show that they often use supervision to discuss their embodied experiences; in particular those that do not make sense straight away and need processing, those that are unusual or unfamiliar. They also use supervision to try and understand moments in which they stopped being aware of their responses or have no memory of them:

“Whenever I'm sitting with a client I'll have some kind of body experience that doesn't totally make sense and it takes a while, quite a lot of processing, to get to the point of being able to use it. That's why supervision is good or talking to you” (Heather, S2)

“Maybe I wasn't there for some of the session, I don't have a recollection of what was going on so there'd been something that had gone on in the session that's meant that that's where I've gone and that's the sort of thing I'd take to supervision” (Rachel, S7)

Exploring embodied senses can help co-researchers bring more attention to an experience from their own history that got triggered by a client's experience:

“I think you can be left with something. I you are chances are that it has some resonance with an experience of your own, it usually gets hooked in. Then you need just to look and that's where the idea of supervision is so important because you have a chance to talk to somebody and as you are telling the story then you suddenly think ok there is that bit of me. I was working with somebody recently in their early twenties. I found this person quite difficult and then I remembered myself at that age.

Once I got that then there wasn't a difficulty with that person anymore. I just tripped up with something of my own and interestingly she became more open after that too so I suspect that the work I did on myself also helped her” (Maureen, S9)

By bringing more awareness and understanding to an experience, the process of supervision moves co-researchers’ process along which in turn affects the relational process and the client’s process.

The process of supervision can also allow co-researchers to become more aware of their embodied boundaries and to learn how to adjust them:

I suffered quite a lot at the hospital where I work because I was very permeable (...) I really merged with a lot of unconscious stuff from clients, physically, and I started to see shadows (...) they went under my skin. Now I am much more solid, I think there’s something about permeability, my embodied boundaries change with the client. I’ve learnt how to protect myself a bit better particularly working with acute mentally unwell clients (...) putting on ten kilos and not realising, being at home just trying to disembody myself, trying to cut myself off from my body (...) My supervisor and my therapist, they helped me change the dial of my permeability! Instead of ten maybe five (Bianca, S3)

So supervision is, for co-researchers, a space in which they can explore the ways in which clients affect them; they can examine their responses, senses or intuitions. More generally they can further understand how they use themselves – their embodied selves - in the therapeutic process.

The findings of this research project address an under-researched area in the literature on embodied intersubjectivity by adding to the existing work a phenomenological study of therapists’ experience which focuses on the experiential aspect of the phenomenon, on the ‘what it is like’ dimension. These findings also challenge the current knowledge and assumptions we have about what psychotherapy is, what happens in the therapeutic encounter and the role of the therapist. It is in these ways that they contribute to the field of counselling psychology and psychotherapy. In the next chapter (7 - Discussion) the findings and their implications for the theory and practice of psychotherapy will be discussed. Areas that would benefit from further research will be highlighted.

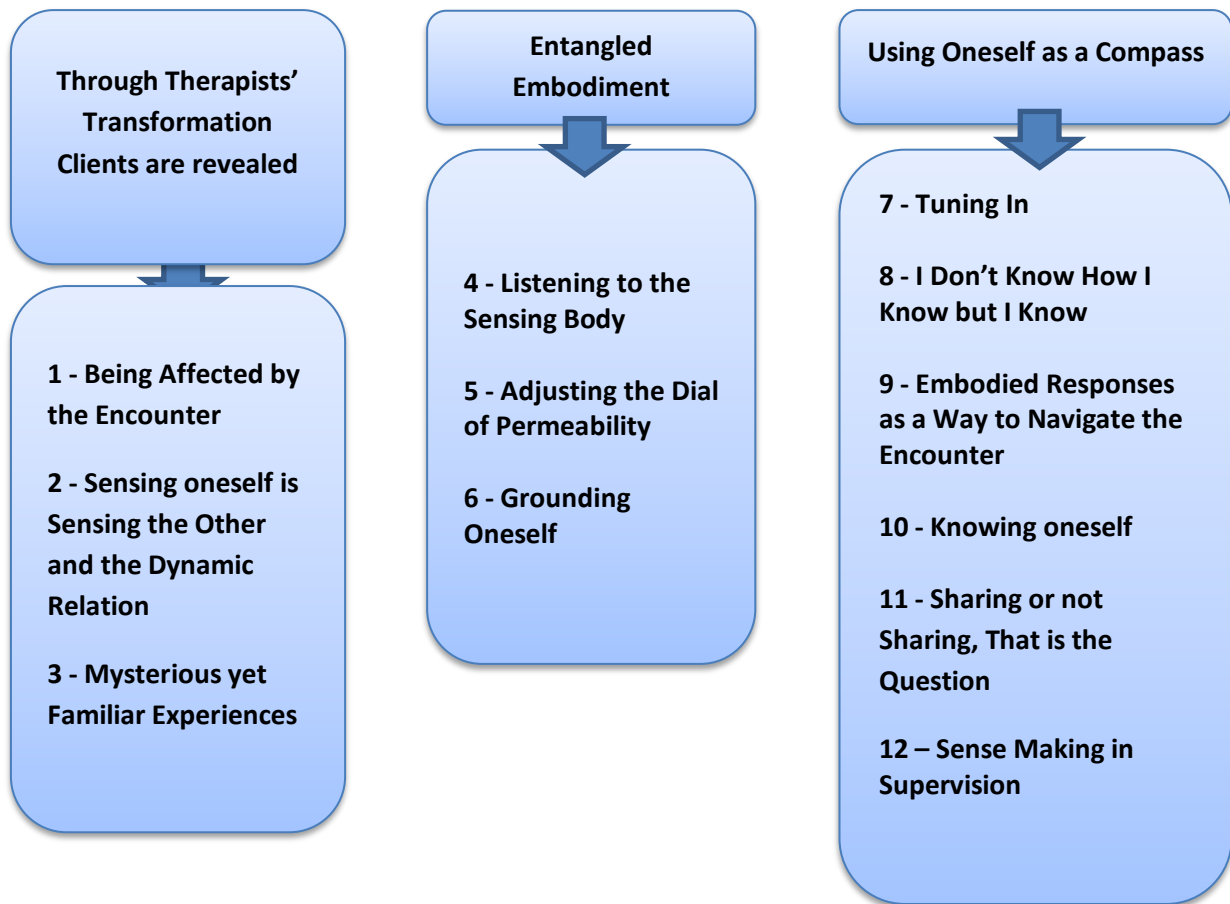
7 – Discussion

My aim with this project was to further understand the embodied intersubjective dimension of encounters between therapists and clients and specifically, how female therapists experience and work with it. In the first section of this chapter I assess the extent to which the findings of this study reflect or deviate from the current knowledge on therapists' experience of the embodied dialogue. The twelve themes that emerged from the thematic analysis are discussed in turn. Implications that ensue from the findings are presented in the second section; by challenging ideas about the boundaries between self and other, by viewing the therapeutic process as grounded in the embodied dialogue between therapist and client, the findings have implications for the practice, training in and supervision of psychotherapy as well as for therapists' self-care. The following part looks at how the findings, in challenging the common view on the relation between self and other and between human and world, can be related to certain posthumanist's core ideas. In Critical Reflections I then assess the research process as a whole, including the methodology and methods. I also address the impact of the research process and its implications for me as a researcher and practitioner. In the last parts I briefly discuss how I would like to disseminate this project; I then make some recommendations for further research and conclude with some final thoughts.

7.1 – Discussion of Themes in Relation to the Literature

In this section the twelve subordinate themes (see Figure 7.1 below) are discussed in light of the reviewed literature as well as in light of new research and literature as the interviews and analysis led to areas that were not anticipated.

Figure 7.1 – Twelve Subordinate Themes



7.1.1 – Being Affected by the Encounter

This study has highlighted the ways in which the interviewed therapists are affected by the encounter with their clients. It showed that therapists' embodied responses can be experienced emotionally, mentally, physically, energetically, in a sensory way, or can span over several or all of these levels:

“Whether the intuition is more sensate... so you arrive as a client, you say you're feeling fine. I start getting a headache. I didn't have a headache a few seconds ago. I then begin to wonder whether you have a headache so that the sensate. And there can be an emotional one, suddenly I feel sad or feel grief. There's the mental one. I would see an image in front of my eyes suddenly, it wasn't there before and there it is. Or I'll hear a sound, hear a word. Or there might be just direct intuition of something being in the room” (Maureen, S1).

It also showed that often embodied experiences do not neatly fit any of the above categories and therefore are best described by metaphors:

“There was something in her presence, in her engagement, I felt like she was a vortex and I was being sucked into it, my energy was being sucked into it, into this hole, into this nothingness” (Maggie, S3)

As we have seen in the literature review the diversity of ways in which therapists are affected and respond to clients is an area that has been scarcely researched; research on therapists' embodied responses such as Shaw's (2003), Athanasiadou's and Halewood's (2011) and Egan and Carr (2008) have focused mainly on experiences that include physical manifestations (such as muscle tension, sleepiness, yawning, unexpected shift of the body or headache). Mcaleer's (2008) phenomenological research, which explores therapeutic experiences of the transpersonal, however highlighted how therapists receive knowledge about their clients through fantasies, dreams, senses, feeling, visual imagery or words that appear in their awareness. Although the experience of embodied dialogue and transpersonal experiences differ conceptually in terms of the origin of such experience, experientially my research echoes Mcaleer's findings about the range of ways in which therapists can get a sense of the other. I have also found evidence of the range of embodied responses therapists experience in reflexive accounts and case studies; for instance, in her book *The Impossibility of Sex*, Orbach (2000) describes in great details how letting her fantasies emerge and develop helped her navigate the relation with her client and further understand him.

My study adds to the existing literature by offering experiential evidence of the multiple ways in which therapists are affected by and respond to client. This finding is important because it fleshes out what is available to therapists to get to know their clients and get a sense of the relation they co-create with them. It shows the psychotherapeutic encounter as made of a level of interaction which can provide a rich and ongoing source of knowledge for therapists.

Another point highlighted by this research is that the interviewed therapists tend to be affected by and respond to their clients and situations in a spectrum of ways that is idiosyncratic. Maureen, for instance, tends to experience situations and encounters in a holistic way because 'of the way she's built':

“We came into this room, we have an exchange of a few words and as we're doing so I'm feeling the energy field in the room... and by the time we sat down I do have a felt sense. I wouldn't say it's only in my body, only emotional, only mental, it's on all the levels. It is for me because of the way I'm built” (Maureen, S4)

During the interview Maureen was remembering how, when she was a child, she could already sense the energy field and what was going on around her in such a holistic way. Heather always has a ‘body experience’ while in the presence of her clients:

“Whenever I’m sitting with a client I’ll have some kind of body experience” (Heather, S2)

Christina knows that she does not tend to get ‘signals’ that let her know something about her client or their relation:

“I don’t have signals. There are certain therapists who feel like... they get a stomach thing or they get a panic here... I don’t have that” (Christina, S5)

Instead she described a gradual impression of experience which at some point demands to be reflected upon.

So this study shows that therapists’ embodied experiences are personal and depend on how they are ‘built’, on the unique blend of their physico-psycho-socio-cultural make up. To my knowledge no qualitative research have yet examined therapists’ idiosyncratic ways of being-with and how these impact on their experience of the embodied dialogue. However what therapists bring to the encounter with clients in terms of relational patterns has been explored in the theoretical psychotherapy literature: the Boston group (Lyons-Ruth, 1998; Stern et al, 1998) have described ‘implicit relational knowings’ as a procedural dynamic knowledge about relating with others that develops from birth. These knowings impact on therapists’ encounters with others; encounters which in turn update these knowings. Highlighting the embodied nature of these knowings, Totton (2015) calls these patterns ‘engrams’. These embodied patterns of relating to others and the environment are the dynamic lenses through which therapists experience their clients. These habitual embodied ways of relating are, in part, what therapists and clients affect each other with. My study contributes here to the literature by offering descriptions of how these knowings or engrams translate experientially for therapists.

This finding, in highlighting the personal nature of how the interviewed therapists tend to be affected by and respond to clients, is valuable because it points to the importance for therapists of knowing their own spectrum of responses and more generally their own ways of being in the world and of being-with. As we have seen in the findings and as will be discussed later on in this chapter, knowing oneself is the key for therapists to be able to use themselves in the service of clients.

7.1.2 - Sensing Oneself is Sensing the Other and the Dynamic Relation

This research found that through sensing themselves, therapists can simultaneously sense the other and the system they create with them. Maureen's and Rebecca's quotes below show how their own embodied responses, their own experience, let them know something about the other and the situation:

"I once had a journalist who didn't declare she was a journalist. She came for a session and about halfway through I asked her why she'd come because, although she was a nice person and she genuinely had something she'd brought, I could sense that the relationship wasn't quite... there was something different about it. When there is not a good resonance I feel that more with people's thought or their intention. I feel it more mentally" (Maureen, S3)

"Sometimes when people are going to cry I get pricks here a few minutes before. It's in the field, it's a field experience so it is in the in-between. It's not a generalised field, it's a field in between me and them; it's sort of constellated" (Rebecca, S5)

My study highlighted how sensing oneself, the other and the relation is one and the same phenomenon; a phenomenon which seems to rely on a feedback mechanism. 'Sensing' as a continual sensing and responding, constitutes a recursive feedback loop that allows therapists to gain knowledge about themselves in relation to their environment; it could be seen as a sort of relational compass, the human equivalent of a sonar. This is clearly evoked in Rachel's quote below:

"I watch movements quite a lot. I am impacted by how clients are moving so if I have a client who is really holding themselves in, I notice myself doing that (mirroring a client with a tensed upper body). When I notice myself doing that then I relax a bit... and then that enables me to be much more open to them. So my embodiment really informs me along with the other information I'm getting of what it's like to be with this client" (Rachel)

Heather also describes her reliance on a feedback mechanism:

"I think one of my strengths and probably one of my weaknesses is that I'm very aware of my own embodied responses to the other. I use that a lot, I'll use it as a

sense of what's the timing and pace for interventions, a quite complex subtle feedback mechanism of where to go and what to do really” (Heather, S7)

A theoretical basis for our ability to sense both ourselves and the other can be found in the philosophical literature with Merleau-Ponty's (1968) concept of the flesh and its ontological principle of reversibility as well as in the neuroscience literature with Gallese's (2003) view of self and other as “opposite extensions of the same correlative and reversible system *self/other*” (176). The idea of a feedback mechanism as underlying this reversible system is present in different areas of the literature. It can be found in the literature on embodied cognition. In this approach the mutual and reciprocal dual process of perceiving – enacting constitutes a continual feedback loop between individuals; a process which allows both member of the dyad to have a constantly updated sense or knowledge of the other (De Jaegher & Di Paolo, 2007; De Jaegher, Di Paolo & Gallagher, 2010; Gallagher, 2009). The iterative feedback loop as a crucial element of the embodied dialogue is a recurrent theme in Totton's (2015) book “Embodied Relating: The Ground of Psychotherapy”. Drawing from Bateson's (1971) concept of circular causality Totton (2015) views bodies as entangled with each other through a mechanism of mutual causation: a change on one side of the system affects the other side which in turn affects the other side...etc. A similar mechanism seems to underlie Gendlin's (1992) concept of felt sense: my felt sense of the other comes from being in the presence of the other whose felt sense of me affects my felt sense, which in turn affects their felt sense, etc. Felt senses are entangled and co-create each other; there are two sides or expressions of one interaction.

So this finding exemplifies, at an experiential level, the theoretical literature by showing how though their embodiment therapist and client are engaged in a continual feedback loop that allows them to sense each other. It is a crucial finding because it reveals the mechanism underlying the embodied dialogue and challenges the common idea of boundary between self and other. In practice it is the manifestation of this mechanism that offers therapists an invaluable opportunity to have a direct access to their clients.

7.1.3 - Mysterious yet Familiar Experiences

In their accounts therapists described at length the many ways in which they are affected by the encounter with their clients and how, through an awareness of their continually changing embodied experience, they can get a sense of their client and of the dynamic relation with them. This study showed that all interviewed therapists were puzzled at times by these experiences but were simultaneously very familiar with these phenomena. These phenomena experienced through the embodied intersubjective dimension appear as mysterious in the sense that there are no available explanations or framework to understand them. However, experientially, they are common and well known.

Bianca's quote expresses the sense of familiarity and the simultaneous bewilderment at the phenomenon experienced:

What happens to me quite a lot is that I... it's almost an anticipation. I am working with someone who is moving and out of the blue I feel let's say my liver and the second after or two seconds after the person goes and puts their hand on the liver (...) How can this happen? The sense of anticipation that my body is picking up at times... I find that really mysterious. It's something about the energy, the energy field. I don't have any explanations and I haven't come across theories about that" (Bianca, S1)

Maureen's quote describes well the sense of both knowing and not knowing as well as her trust in whatever emerges from the embodied dialogue:

"The information doesn't always come and I don't look for it, these intuitive things they just come when they're needed and if you ask me how do I know that, I don't know they're needed, they just come so clearly. For some reason the information is needed in that form, sometimes I don't need it at all, it doesn't happen" (Maureen, S10)

For therapists embodied intersubjective phenomena are not intelligible but meaningful. Christina recognises a particular embodied experience and knows what it means:

"If I'm brought into a physical awareness of what's going on in me, more than just being here talking, I think it's got something to do with what's happening in between (...). I feel real tenderness for somebody, it's got a physicality associated with it. I feel myself almost like I want to cup. How did that emerge, I don't know, I know it wasn't there initially but I know it is there, it's a gradual impression of experience. I don't know how I pick up on it (Christina, S5).

I have not found qualitative research that examined how therapists experience and make sense of these embodied intersubjective phenomena. However, the idea that psychotherapy is made of phenomena that cannot be explained is not new to the psychotherapy field and can be found in the literature. As we have seen in the literature review Freud (1912) was already wondering about the nature of the communication between the analyst's and patient's unconscious:

“He [the analyst] must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound waves the electrical oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations (p 115–116).

More recently Totton (2007) argued that psychotherapy rests on a continuous stream of paranormal phenomena occurring between therapist and client. Commenting on therapists use of words such as resonance, embodied countertransference, energy, psychic space or parallel process to describe these phenomena, Totton (2015) suggested that “our way of describing and talking about all these phenomena tend to obscure their essential strangeness, making it seem as though we know what we are talking about” (p49). He also proposed that

“No matter how hard we try to establish it as a normal and conventional theory and practice, in the consulting room or in the academy, we know that at root it [therapy] is uncanny and subversive; in part, because it is founded on paranormality” (Totton, 2015: 399).

So this finding echoes here the existing literature and shows psychotherapy as involving a level of interaction whose phenomena are beyond scientific explanation and could be described as abnormal or uncanny.

What is new about this finding is that it offers an insight into how therapists relate to these phenomena: with an awareness of their strangeness as well as an acceptance of and trust in them. It also shows that therapists do not need to understand the mechanisms at play in these phenomena but only need an experiential knowledge of them to work with them.

7.1.4 – Listening to the Sensing Body

This research showed that when therapists mentioned their body in their accounts they tended to refer to embodiment:

- Embodiment as both the lived body and the physical body:

“If I’m thinking of my body I’m thinking of emotions, I’m thinking of sexuality, it includes health and physical strength” (Maggie, S7)

- Embodiment as the medium through which they affect and are affected by their clients:

“I just was terribly aware that the body that comes into the room has an impact on my body and I have an impact on that body” (Christina, S4)

- Embodiment as the source of responses, felt senses and intuitions, and as the medium through which they gain understanding and knowledge about their clients in a way that is other than cognitive. Rachel’s quote below and her expression “through the skin” as a metaphor for the lived body and the physical body exemplifies well this finding:

“Through the skin. You don’t need to be touching, you can sense people and in that sensing you respond to them; it won’t be a thinking response, it will be a through the skin response that then may come into your thinking” (Rachel, S2)

So this study points here to the centrality of embodiment in the experience of intersubjective phenomena. This finding supports the existing philosophical literature: for Merleau-Ponty (1962) embodiment is what weaves us into the intersubjective matrix. For Gendlin (1992), felt senses as embodied interaction are what interlock therapist and client together in an embodied dialogue. The intersubjective nature of embodiment is also discussed in depth in the feminist literature by philosophers such as Butler (1990), Bordo (1993) and Young (2005). In the psychotherapy literature, embodiment is, for Totton (2015), ‘the matrix of human relating’ (pxviii). Embodied relating is what allows for intersubjective experiences.

My study offers here experiential evidence of the role of embodiment in intersubjective phenomena; it also give a sense of how therapists experience and make sense of this intersubjective embodiment, this ambiguous body that is both a lived body and a physical body.

This finding can also be related, in the literature, to Neimanis (2013) concept of “gut sociality”. Neimanis (2013) proposes that gut sociality is a mode of interaction between bodies that happens through the gut:

“Gut sociality is not *only* about organic communication at a substratum “beneath” the level of human subjectivity, but *also* about the complex circuits of responsivity at play between the biological substratum and the human subject, *and* between the human and the cultural world, *and* between the organs and the cultural world—all knotted together in the gut. Gut sociality shows up the natural or biological as inextricable from the cultural or (commonly) “social”” (p227).

Like gut sociality, embodiment (as both the lived and the physical body) binds meaning and matter, the physical and the cultural together. Felt senses and intuitions as manifestation of one’s embodiment can be seen as also linking the physical and the cultural body and as the expression of our material-social existence. What is important here is that, if we understand embodiment as the medium that creates a material-semiotic engagement with the world, then therapists’ gut feelings or intuitions or senses are revealed not as ‘magic’ phenomena but as expressions of this ambiguous body that is inextricably enmeshed with others and the world.

This study also revealed that ‘listening to the body’ means taking into account information gathered through one’s embodiment, through the ‘body’ that is continually sensing and responding to its environment:

“My instinct kicked in, I was in the presence of danger, that cruel energy set up my reptilian need to protect myself by removing myself from the threat (...) I really listen to my body so I’m quite in tune with what it lets me know, it’s very quick for me”
(Maggie, S4)

Maggie’s quote exemplifies how what happens at the level of the embodied dialogue can be experienced as if it is a part of oneself that has a life of its own, as a part that is not under the control of the self: ‘*it lets me know*’.

This idea of a ‘non-personal’ body is found in the philosophical literature: Merleau-Ponty (1962) suggests that our insertion in the world happens through a pre-personal body or a habit-body that is fundamentally geared to relate with its environment. Our conscious existence rests, through our habit body, on a pre-personal mode of existence. Merleau-

Ponty's (1968) flesh is, in part, constituted by a matrix of humans entangled at the level of their pre-personal bodies; at this level humans are enmeshed threads of the flesh.

In the psychotherapy literature the idea of accessing a part of 'oneself' that is other-than-personal can be found in transpersonal psychology (Wilber, 1997; Washburn, 2003; Grof, 1973) as well as in body psychotherapy with Totton's (2011) concept of wild mind. These approaches propose that therapists can engage with a dimension of themselves that goes beyond the personal, a dimension of themselves that is part of a wider process. Transpersonal experience and Totton's experience of wild mind are however conceptualised differently: the former is seen as happening in the spiritual realm whereas the latter is viewed as being grounded in a pre-personal intersubjective embodiment. These approaches share similarities in that, whether it happens through a pre-personal or trans-personal experience, they view therapists as being able to have a direct access to the other. This finding, in showing embodiment as the medium through which therapists can know their clients, is more aligned with Totton's embodied approach.

This finding is valuable because it again highlights the centrality of embodiment in intersubjective experiences and shows what it is like for therapists to use their embodiment in the therapeutic encounter. In practice, it means that therapists' responses - no matter how unintelligible or not linked to the present situation they seem – are likely to come from this level of interaction and be in fact very relevant to what is happening between them and their clients. Therefore simply by being-with, by accepting their senses as valid and cultivating an awareness of these, provide therapists with continually updated information on the current relating with clients.

7.1.5 – Adjusting the Dial of Permeability

This research showed that therapist experience themselves as permeable; they experience their embodied boundaries as dynamic and flexible. By adjusting these embodied boundaries they adjust their awareness of how they are affected by the other:

“I had a new client starting the other week and following me up the stairs I could feel the buzz going on behind me and actually one the reason she's in therapy is because... It's too much! In that instance what I do is that I start to feel lots and I shut

some of it off because it's too much for me and I would lose myself but I know that's what's going on, it's a choice" (Rachel, S7)

Certain degrees of permeability allow co-researchers to be of service to clients. However with certain degrees of permeability the boundaries between self and other become too unclear and can put therapists at risk.

"At the beginning it was much more difficult I suffered quite a lot at the hospital where I work because I was very permeable (...) I really merged with a lot of unconscious stuff from clients (...) they went under my skin. Now I am much more solid. I think there's something about permeability, my embodied boundaries change with the client. I've learnt how to protect myself a bit better, particularly working with acute mentally unwell clients. But at the hospital I really suffered because of that openness. I was too permeable to the countertransference. I was partly identifying with the clients. I just completely merged...not completely because I didn't have a psychotic breakdown but I think I colluded with a lot of the hopelessness and I was hopeless most of the time... putting on weight (...) putting on ten kilos and not realising, being at home just trying to disembodify myself, trying to cut myself off from my body. It took me a long time to realise. My supervisor and my therapist, they helped me change the dial of my permeability! Instead of ten maybe five" (Bianca, S3)

This idea of permeability between self and other is present in the philosophical literature. Buber (2010) describes the I-Thou relation as a form of relating in which "duality is no longer experienced" (p86). Highlighting the embodied basis of permeability, Merleau-Ponty (1968) calls the "magical relation":

"this pact between them and me according to which I lend them my body in order that they inscribe upon it and give me their resemblance" (p146).

According to Merleau-Ponty, people are, through their embodiment, porous beings. People can impress themselves on each other and sense each other's resemblance and difference. In the feminist literature Neimanis (2013) calls this phenomenon the "interpermeation of bodies".

In the psychotherapy literature and drawing from Barad's (2007) work, Allegranti (2015) writes about 'corporeal entanglement'. She proposes that

“there is an ongoing reconfiguration of boundaries between therapist and client that emerges from a material process of being in relationship and exchanging movement and linguistic phrasing over time. For example, during movement improvisation in both clinical and choreographic contexts, I could say that my movement “is and is not mine” since clients/dancers and I pass movement between us” (Allegranti, 2015: 92).

In the transpersonal psychotherapy literature, Budgell (1995) describes the phenomenon of linking as a blurring of personal boundaries and as a relinquishing of the self. Although, as we have seen earlier, the blurring of personal boundaries happens, in transpersonal therapy, at a spiritual level.

My research contributes here to the existing literature by offering experiential evidence of the phenomenon of permeability between therapists and clients; although not new to psychotherapy, this phenomenon has been examined theoretically but scarcely researched from an experiential perspective.

What is new in this finding is not only how therapists experience their flexible embodied boundaries but also how and when they adjust them (whether voluntarily or involuntarily). For instance, Maggie’s quote below is an example of a way of regulating her embodied boundaries: she chooses which parts of herself can be affected, which parts are permeable and which parts are not:

“I’m very aware of my sexuality with women and men, it’s present and I like that. I think it’s part of being alive and being vital but if it switches into being turned on, that’s the limit, and it never has and this is my fear I suppose. I just don’t want it in the room and I wonder if my not wanting it has meant that it hasn’t happened because I just have left that part closed, it’s not open, it’s not open to possibilities” (Maggie, S6)

Rachel’s quote below is an example of how the adjusting of embodied boundaries can sometimes happens involuntarily and is realised a posteriori:

“With some clients I realise maybe I wasn’t there for some of the session (...) I don’t have a recollection of what was going on so there’d been something that had gone on in the session that’s meant that that’s where I’ve gone and that’s the sort of thing I’d take to supervision” (Rachel, S7)

Adjusting embodied boundaries or regulating permeability appears, in this study, as an essential ability for therapists to be able to be of service to clients as well as to look after themselves.

The skill of adjusting the dial of permeability comes through practice from the discipline of continually keeping an eye on one's responses and of continually getting to know one's embodied self. What is open and closed, how and how much is idiosyncratic and depends on therapists' makeup, experiences and choice.

There are huge benefits in working with the embodied intersubjective dimension but there are also risks as we have seen with Bianca's experience. Working safely with this dimension has to come with an ability to be present and porous to the other, with a letting go of one's self to receive the other but never to the point of losing one's self and merging with them.

7.1.6 – Grounding Oneself

Being embodied appeared in this study as a process that allows therapists to feel self-supported and to be of service to clients:

“I think it is very important for me to be embodied so I know that I'm self-supported so I can then be there to support the client” (Rachel, S3)

‘Being embodied’ or ‘being grounded’ are expressions that were used by therapists during their interviews to refer to their awareness of their moment by moment experiencing. This study found that, when embodied or grounded, therapists were more aware of their embodied responses, they were more able to integrate information coming from all dimensions of their experience . Being embodied is a process that is implied in Heather's description of wild mind:

“‘wild mind’ is the part of myself that can listen to all the different parts of my experience, so it's partly my mind but it's my body and mind working together. It's trusting that listening to my belly is as important as listening to my head and finding a way to bring both those two together” (Heather, S6)

Although ‘being embodied’ or ‘being grounded’ are expressions commonly used in the psychotherapy field, there has not been to my knowledge any qualitative research exploring

what these expressions means for therapists and what it is like to be more or less embodied. There are however, in the literature, concepts such as Stern's et al (1998) moments of meeting, Cooper's (2005) meeting at relational depth, Geller's and Greenberg's (2002) experience of presence in the therapeutic encounter, that can be seen as manifestations of moments in which therapists are deeply embodied or grounded; moments in which they are particularly aware of the embodied dialogue and particularly able to sense themselves and therefore their clients. These moments are usually experienced by therapists as intimate, intense and reciprocal.

What this research showed is that therapists' experience of being embodied or grounded is however not always as intensely felt or experienced as part of a reciprocal experience. It can be an everyday personal experience:

"What did I feel when I sat with her [a client] this morning? I felt very grounded, did it feel embodied? I just felt very solid in myself" (Maggie, S1)

It also showed that being embodied is not a temporary experience but an ongoing process. Therapists are embodied to a different extent at different times; they can sense the embodied dialogue to various degrees depending on the situation:

"It is a sense that we all have and sometimes it can be overwhelming. I've learnt how to regulate it more... to regulate my awareness of how I am impacted by my environment which includes the other person. It's just critical that as therapist we are open to how we are impacted by the information that we're getting from all our senses... one of those being the kinaesthetic sense of how our body responds, how our whole being responds... not just our thinking" (Rachel, S1)

Therapists' process of being embodied as their dynamic awareness of how they are impacted by the other and the environment aligns here with Totton's (2015) definition of embodiment. Totton (2015) suggests that embodiment is "a name for our moment-by-moment experience of our existence as living bodies" (p9). It is a name that does not however reflect its true nature as an ongoing process; he proposes 'embodying' as a more accurate term (Totton, 2015: 75).

This finding can be related to another area of the literature. Legrand (2007), a researcher in applied epistemology, proposes that our reflective experience of the world is grounded in our

pre-reflective awareness of our embodied dialogue with the world. It is grounded in the level of interaction with the world in which the self does not take itself as an object.

“pre-reflective bodily experiences rely on sensori-motor integrative mechanisms that process information on the external world in a self-relative way. These processes are identification-free in that the self is not identified as an object of observation. Moreover, it is defended that observational self-consciousness must be grounded on such identification-free processes and pre-reflective forms of bodily experience” (p493).

Therapists’ experience of being embodied or grounded is perhaps the sense that they reflexive experience is grounded in their pre-reflexive embodied experience; it is the experience of sensing and trusting this pre-reflective embodied engagement with the world, the part of oneself that is non-personal and pure interaction.

I believe it is what is suggested in Maureen’s quote below when she says that intuitions are more reliable; a cognitive process ungrounded in pre-reflective, dynamic embodied engagement with the situation is not trustworthy.

“I can talk myself in and out of anything if I start to examine things and I do examine and analyse but I’ve learnt not to trust that. Although the vertical I can trust but the horizontal... I can make a case for something, I can then make the opposite case, I’m quite good at that and so therefore for me the intuition is more reliable” (Maureen, S6)

Therapists’ sense that they reflexive experience is grounded in their pre-reflexive embodied experience is possibly what it means to work ‘intuitively’:

“Normally I’m present and working intuitively and trusting that if I’m thinking or saying things that this is about the work” (Rebecca, S2)

It is what allows them to ‘listen to the body’ and trust what comes in their awareness.

This finding contributes to the literature by clarifying what therapists mean when they talk about ‘being embodied’ or ‘grounding themselves’, It has important implications for practice since it shows the ongoing process of embodying as what enables therapists to open up to the pre-reflective level of interaction and let it infuse their reflective experience.

7.1.7 - Tuning In

This study showed ‘tuning in’ as a process that allows therapists to pair up with their clients and access knowledge about the embodied intersubjective relation. Tuning in was described not as an action but as a mode of being, a form of presence, an intention.

Some therapists described the experience of tuning in as a process that involves the ability to embody something of the client’s reality and their bodily way of being in the world in order to get a direct sense of them.

“If I take somebody on, it's serious, I have to live with them. They have to come to reside in me somewhere in order for me to find a place in my... self and to find a way of connecting with their psyche and their physicality and their essence” (Christina, S2)

For other therapists ‘tuning in’ meant being in a mode of openness to something showing itself. They described a particular way of being-with clients that creates a relation or an environment in which things can stand out from the ground and appear as figure if needed.

“I think it sums up the feeling that I both know and don't know what I'm doing and what's happening. So trying to tune in to something and trying to get closer and closer to something that's important, something emerging, just having a sense of... the most helpful or relevant or painful or meaningful thing; it could be any of those so it's like a heat-seeking missile. I'm not trying to get anywhere in particular (...) So it's not about knowing, it's about seeking” (Rebecca, S3)

Allowing clients to ‘reside’ in oneself and being in a mode of openness to something emerging implies a loosening of one’s embodied boundaries so as to be affected by the other and the relation. It demands of therapists to be porous to the other and the environment.

Concepts related to the experience of ‘tuning in’ as described above can be found in the psychotherapy literature. Ben-Shahar (2012) calls ‘resonance’ the process that allows therapists to attune to clients; he describes it as

“A primarily nonverbal affective response to what is taking place in the other. It is a conversation taking place between bodies and unconscious processes, where the other moves and lives through us and is deeply felt through our bodies” (Ben-Shahar, 2012: 14).

Samaritter and Payne (2013) describe the process of partnering in which, through movements, “the duet partners form a non-verbally attuning dyad” (p143). Both processes of resonance and partnering are described in the literature as involving a blurring of the boundaries between self and other. The literature on attunement is mainly theoretical so my study adds to the existing knowledge by providing detailed accounts of what it is like to tune in.

For other therapists tuning in meant bringing forward a more relational dimension of themselves and operating at a different level of consciousness.

“I think about the embodied states I go into with clients or the shapes I take up as an altered state of consciousness or a trance state (...) My sense is that going into an altered state is part of the work, that's what we need to do, it's actually how we're gathering information about the intersubjective embodied relationship, the thing that we're in, it's how we use our relationship sensors. I think that's actually the work to surrender to the trance and to be able to move in and out of it and to trust that we can get out of it” (Heather, S3)

It meant working at an altered state of consciousness that does not need a constant reflective awareness from self.

“I hope that the wise part of me will get together with the wise part of you and with any luck we get out of the way, something beyond will be coming through the personal (...) If you bring in the transpersonal element, there is a higher level of consciousness in the room which we may have more or less access to” (Maureen, S4)

Therapists' experience of tuning in can involve working from a place in which they can access something beyond themselves whether it is the wider system that connects human and world or whether it is a higher level of consciousness. As we have seen earlier in different sections of this chapter, the idea of working from a place that is beyond the personal can be found in Totton's (2015) concept of wild mind as well as in transpersonal therapy (Budgell, 1995; Rowan, 2005). But whether it happens through therapists' intersubjective embodiment as in the concept of wild mind or whether it happens in the spiritual realm as in the transpersonal theory, this study shows that the phenomena therapists describe is experientially similar: tuning in can feel like being in a trance or in an altered state of

consciousness. Here too my study adds to the existing knowledge by offering experiential descriptions of what it can feel like for therapists when they tune in with clients.

What therapists' experiences described in this study and the concepts available in the literature on attunement have in common is that what seems to be required to tune in with the other is a sort of letting go of one's self, a loosening of oneself or of one's embodied boundaries. How much of a relinquishing of the self is needed is hard to describe or quantify; Finlay (2015), in her definition of attunement, distinguishes between different degrees, ones that lead to an embodied intertwining and attuning, and ones that lead to merging:

“To empathically attune at a deep (perhaps embodied) level, we are called on to let ourselves go into the process; to release our own Being in order to Be-with in the moment. At this point we are open to the other and to being touched by them. It's about letting embodied feelings, thoughts, impressions and intuitions appear – letting go of knowing certainty to see what emerges. It means welcoming whatever becomes figural in the moment. But this is a process of embodied intertwining, not a merging: we need also to hold on to ourselves” (p57)

With this finding my research brings an experiential dimension to the phenomenon of tuning in that has been explored mainly conceptually. ‘They have to come to reside in me’, ‘heat-seeking missile’, ‘going in a trance’, being in an altered state of consciousness are powerful metaphors and descriptions that give a sense of what it is like for therapists to tune in with the other. It is an important findings because it shows tuning in as a common and necessary process in therapy that allows therapists to have a direct a sense of clients and situations; it also shows therapy as involving a process that asks of therapists to not hold their selves tightly but to let go of themselves to a certain extent in order to meet and sense the other. It is a letting go of one's self that allows for a closeness, an intertwinement and fuller meeting with clients which, in doing so, challenges the usual understanding of boundaries between therapists and clients.

7.1.8 – I Don't Know How I Know but I Know

This research showed how through the embodied dialogue therapists have access to a stream of information about the other and the dynamic relation. Embodied responses constitute an embodied form of knowing that is direct and mainly pre-reflective but can however arrive in therapists' reflective awareness.

"I remember going towards, I remember my arm coming out quite automatically to touch her on the shoulder and then just... just something in that, in the way physically, it's just something that made me know that wasn't... I just pulled back my arm and use my words instead, it was so instinctual" (Maggie, S8)

The idea of a direct understanding that happens through the body and which does not need cognitive thinking is not new and is present in several areas of the literature. Our ability to have a direct sense of the other through our intersubjective embodiment is described in the works of phenomenologists such as Scheler (1973), Jasper (1997) and Merleau-Ponty (1962). It is present in the neuroscience literature in the work of the Parma group which argues that the mirror neurons system and its mechanism of embodied simulation is what allows for a direct understanding of the other (Gallese, Keysers and Rizzolatti, 2004). In the literature on embodied cognition, it is enaction – the dual process of perceiving and responding – which allows for a direct knowing of the other. In the field of psychotherapy the ideas of embodied way of knowing and embodied knowledge can be found in the literature on attunement in which the processes of resonating, attuning or partnering with clients constitute embodied way of knowing the other. Recently and drawing from Barad's idea of intra-action, Allegianti (2015) has referred to the embodied form of knowing as "intra-corporeal knowing" (p86). So embodied ways of knowing have been explored but mainly theoretically. I have not found qualitative research examining therapists' experience of these embodied ways of knowing or studies exploring how therapists use these in the therapeutic encounter.

What is new with this finding is that it shows how therapists sometimes experience the knowledge accessed as tentative and as knowledge that may not be intelligible straight away:

"I once had a journalist who didn't declare she was a journalist. She came for a session and about halfway through I asked her why she'd come because although she was a nice person and she genuinely had something she'd brought, I could sense that the relationship wasn't quite... there was something different about it (...) I guess now we're sitting together I'm realising that I could tell" (Maureen, S3)

At other time the knowledge accessed is very clear:

“Sometimes when people are going to cry I get pricks here a few minutes before. It's in the field, it's a field experience so it is in the in-between, it's not a generalised field, it's a field in between me and them, it's sort of constellated” (Rebecca, S5)

Another aspect of therapists' experience that was highlighted is how embodied knowledge emerges: therapists' description was of something making itself known at a particular time in the therapeutic process.

“It wasn't there before and there it is” (Maureen, S1)

“I don't feel that it's me seeking things out, it arrives in my consciousness or in my senses suddenly. I'm not looking for them, they make themselves known to me” (Rebecca, S6)

“The information doesn't always come and I don't look for it, these intuitive things they just come when they're needed and if you ask me how do I know that, I don't know they're needed, they just come so clearly. For some reason the information is needed in that form, sometimes I don't need it at all, it doesn't happen” (Maureen, S10)

By providing experiential examples of a direct understanding between therapist and client that happens through therapists' awareness of their responses, this study contributes to the literature that is mainly theoretical. It also offers valuable details about how therapists experience this embodied way of knowing. This finding has important implications for practice because it shows the ability to be open to one's responses and to tap into a direct understanding as an invaluable skill at therapists' disposal. Therapists trust and use their responses and this embodied way of knowing to navigate the relation with their clients. This is discussed in the following section.

7.1.9 - Responses as a Way to Navigate the Encounter

This project showed how therapists use their responses as a compass to navigate the relation with their clients. Therapists' embodied experience guides them with what to do next, what to say and when, as well as how to be with their clients.

“I think one of my strengths and probably one of my weaknesses is that I'm very aware of my own embodied responses to the other. I use that a lot, I'll use it as a

sense of what's the timing and pace for interventions, a quite complex subtle feedback mechanism of where to go and what to do really” (Heather, S7)

Sometimes, as in Heather’s quote above, therapists respond to the situation using their pre-reflective embodied comprehension of the situation. However, at other times, therapists reflect on their embodied experience and respond taking into account the insight coming from their reflective understanding of the situation:

“Sometimes when you're working with somebody you can be affected by them over distance, the embodiment is not just in the room (...) Because I was like this [shaking], I knew that they were terrified so that helped me to be ready for them. It probably made me very careful with that person and gentle. I think they needed me to know that for them this was a really terrifying thing” (Rebecca, S7)

Another aspect of using embodied responses as a compass that emerged from this study is that therapists rely on these responses, trust them even if they do not make sense straight away:

“I felt I was in the presence of evil; that was really tangible. I didn't feel safe, it was her energy, it was her presence, it was nothing she'd said (...). My instinct kicked in. I was in the presence of danger. That cruel energy set up my reptilian need to protect myself by removing myself from the threat. I really listen to my body so I'm quite in tune with what it lets me know, it's very quick for me. Even if I don't understand them [embodied responses] straight on I will trust them, I will respond to them and then make sense of what was going on afterwards. So I trusted that I didn't feel safe with her and so I wasn't going to be the right person for her to work with” (Maggie, S4)

As in 7.1.2 – Sensing Oneself is sensing the Other and the Dynamic Relation, this finding can be related to the theoretical literature on a recursive feedback loop as the mechanism underlying the embodied dialogue between therapist and as what allows therapists to have a continually updated sense of themselves, the other and the co-created system. In relation to this finding this feedback mechanism can be seen as the process that allows therapists to use their embodied responses as a compass to navigate the relation.

In the psychotherapy literature van Deurzen (2002) proposes that by making sense of our emotions and moods we can understand what is meaningful to us; therefore emotions can be used as a compass that indicates one’s direction in life. This finding is in line with this view and adds to it by suggesting that emotions as well as the whole range of embodied responses

(such as sensations, intuitions, the images and words that appear in awareness, fantasies...) can be used as a compass; they can be used to clarify personal meaning and direction but also relationally, to understand others and the situations we find ourselves in.

As highlighted in the previous section, to my knowledge there are no qualitative research examining how therapists use their ongoing embodied experience and the knowledge that comes with it in their work. So this study adds to the literature by providing experiential descriptions of how therapists use this source of knowledge that is direct, that does not need to be understood intellectually, and that can be relied upon to navigate the relation with their clients.

This finding is also valuable because it shows therapy as a process grounded on the embodied dialogue between therapists and clients. The layer of interaction that requires a reflective engagement in therapy rests on an embodied pre-reflective substratum. As Christina said:

We make assessments based on the feel of something... the feel of somebody... not because they fit the classical pattern of hysteria or something” (Christina, S4)

Therapists’ pre-reflective embodied experiences of clients precede and underlie their cognitive assessment of them.

This has great implications for the practice of psychotherapy: if, as this study suggests, the embodied dialogue is the primary way therapists encounter their clients and is what grounds any reflective processes, then it becomes essential for therapists to take into account and use this level of interaction in their work.

Working with the embodied dialogue involves trusting oneself, trusting one’s senses and intuitions even if they don’t make sense straight away. Underlying this process of trusting oneself is the process of knowing oneself which is discussed in the following section.

7.1.10 - Knowing Oneself

This study highlighted how therapists knowing themselves - as knowing how they tend to respond to others and situations and knowing their embodied history - allows them to recognise what in their personal history is brought up when relating with clients. And how this in turn enables them to stay grounded and aware of how they are impacted by the other.

Rachel's quote below exemplifies this well. When faced with a client who leans towards her, Rachel's immediate response is to want to lean back, however she chooses not to:

"I might leave myself feeling uncomfortable because I am there in the service of the client; so if I feel uncomfortable but I can ground myself because I can be embodied in that and know that's actually my historical response as opposed to they [clients] are threatening me" (Rachel, S5)

Rachel's awareness of her own embodied history allows her to recognise her response as an historical response. Differentiating between a perceived threat and an actual threat means that she can stay of service to her client because she can keep sensing herself in the relation; she can ground herself.

The study also showed how therapists knowing themselves allow them to sense what is different about themselves because of the particular system they create with a client:

"There's something that's the same about you but there's something that is brought forward because of the nature of what you create together" (Christina, S6)

The difference experienced says something about the other and the co-created system; it constitutes an embodied knowledge.

Finally, the research showed how by knowing themselves therapists are able to keep a safe enough environment for themselves and therefore clients. In the quote below Maggie senses that a situation might make her feel too vulnerable which might not allow her to use herself in the service of her client:

"He wants to bring in a laptop and show me, there is part of me that is really quite nervous about that, about bringing more sexuality into the room. I could feel my body a bit like "hum hum... not sure", what my body did was that it tightened up. I think what it is is... the sex, sexuality becoming more than it is and I wonder whether that would take me too much to the edge for me. My body wouldn't be as spontaneous, as impulsive, as relaxed, there'd be a kind of vigilance and quiet I think, it won't be just my interaction with him verbally, it'll be what's my body is going to be allowing or offering, what is going to seep out (...) I've never felt turned on, I think I'd feel vulnerable. I don't want to feel more vulnerable than I'm willing to. I like the talking therapy, I like using my body in a certain way but absolutely not in other ways" (Maggie, S6)

There are, in the existing literature, several qualitative research looking at the importance of psychotherapists' self-awareness or self-knowledge. Research such as Hill et al. (2007) which examine novice therapists' experience tend to focus on trainee therapists' lack of self-awareness or on self-awareness as a hindering process during sessions. Some research focus on a particular type of self-awareness such as cultural self-awareness (Roysircar, 2004) and how a specific self-knowledge impacts on the therapeutic process. I have also found psychotherapists' reflexive accounts (such as Haves, 2014 and Kantrowitz, 2015) in which the importance of self-awareness is emphasised and in which self-knowledge is viewed as one of the main conditions to be of service to clients. I have not found however qualitative research which focus specifically on exploring therapists' embodied self-awareness (therapists' awareness of their history of embodiment, of the kinds of embodied responses they tend to have in certain situations, of how they tend to be touched by clients, of their limitations in terms of the shapes they can take in the relation) and on examining how therapists use this self-knowledge in their practice.

So this study is important because it offers practical examples of how therapists' process of knowing themselves is the underlying process that enables them to rely on their embodied responses. The implications for practice here are twofold: firstly, the ongoing process of knowing oneself is a crucial practice which allows therapists to sharpen their senses and to hone their use of the embodied dialogue. Secondly, this practice of keeping an eye on one's responses, of learning about oneself, enables therapists to be of service to clients while looking after them and themselves. Therefore facilitating the process of learning about oneself to apply to the embodied dialogue appears as an element that could benefit from more emphasis in training, therapy and supervision.

7.1.11 – Sharing or Not Sharing, That is the Question

This research highlighted how therapists can use themselves in the therapeutic encounter by sharing their embodied responses with clients:

“I was working with a client who had severe chronic fatigue. She'd sit down and I'd start feeling sleepy. I'd find it very difficult to keep my eyes open at all. She would go, the next person would come and I'd be wide-awake. After a few sessions like this I sort of said... because my eyes were dropping...you do have to say something. And it's

now my experience when I go sleepy that usually there's something very unconscious in the room, it's very often an atmosphere of some kind that travels with that person. When we talked about it, the lethargy she felt, she started naming a fog. There was a stool nearby so I invited her to put the fog on the stool. When she did that we both felt much brighter. Then she started to dialogue with the fog, it turned out it was the family atmosphere and her childhood which had been very difficult and heavy. So that was an example of sensing the field and yielding a very specific and useful result and something I could share with the client” (Maureen, S5)

Therapists’ experience was that sharing their embodied responses can lead to shifts and breakthrough in the therapeutic process.

This aspect of the finding is well documented in the literature. The benefits (and risks) of therapists sharing how they are affected by clients can be found mainly in the theoretical literature on countertransference and self-disclosure. Although there has been considerable debate over the years, there is now a consensus among most therapeutic modalities which view therapists sharing their responses in a judicious way as of great value for the therapeutic process (Hayes & Gelso, 2001; Hill & Knox, 2002).

However what this study showed, and that I have not found in the literature, is that therapists often do not need to share their senses or intuitions as their content or meaning tends to be revealed by clients themselves:

“So I usually hold it and see if the person is about to come to that themselves (...) very often I'll hold something for quite some time and sometimes if you simply hold it in your consciousness it comes anyway (...) And so mostly I don't say things rather than say them” (Maureen, S7)

“But usually when I have a strong sensory experience I don't share it because it feels like it's a preconscious communication where something is emergent and usually there is a time-lapse before it comes out from them and all you have to do is wait” (Rebecca, S4)

Although this seemed to be a well-known experience for the interviewed therapists, it is an area that has not been specifically researched. Perhaps because it shows psychotherapy as involving relational phenomena that are outside of what is scientifically comprehensible which could potentially stigmatise or discredit the practice.

So although there is no theoretical framework to understand this aspect of their experience, therapists nevertheless use in their practice this experiential knowledge about 'how things work' in the embodied intersubjective dimension of encounters. There is a lot to gain in terms of breadth and richness of the practice of psychotherapy if therapists further open up to the strangeness of the intersubjective dimension and explore its ways of working.

7.1.12 – Sense Making in Supervision

This study highlighted how therapists use supervision to explore their embodied experiences and bring more awareness to the ways in which they are affected by clients and by the relational process.

By bringing to supervision a sensation she was left with after a session, Maureen was able to uncover something of her own history that was interfering with the relation with her client:

"I think you can be left with something. If you are chances are that it has some resonance with an experience of your own, it usually gets hooked in (...) I was working with somebody recently in their early twenties. I found this person quite difficult and then I remembered myself at that age. Once I got that then there wasn't a difficulty with that person anymore. I just tripped up with something of my own"
(Maureen, S9)

Therapists use supervision to process embodied responses and make them more intelligible:

"Whenever I'm sitting with a client I'll have some kind of body experience that doesn't totally make sense and it takes a while, quite a lot of processing, to get to the point of being able to use it. That's why supervision is good or talking to you"
(Heather, S2)

By sharing their embodied experience in supervision therapists can become more aware of how they are affected by clients and regulate it:

"I suffered quite a lot at the hospital where I work because I was very permeable (...) I really merged with a lot of unconscious stuff from clients, physically, and I started to see shadows (...) they went under my skin. (...) I've learnt how to protect myself a bit better particularly working with acute mentally unwell clients (...) putting on ten kilos and not realising, being at home just trying to disembodify myself, trying to cut myself

off from my body (...) My supervisor and my therapist, they helped me change the dial of my permeability! Instead of ten maybe five” (Bianca, S3)

The use of supervision from the point of view of supervisees has been researched but mainly from a trainee therapists’ perspective and generally in order to determine what elements of supervision are hindering or helpful to their professional growth (Gray et al., 2001; Gazzola & Theriault, 2007). To my surprise I have not found in the literature qualitative research examining supervisees’ use of supervision: what therapists tend to bring or not bring to supervision, whether the focus tends to be on clients’ stories or on how therapists experience clients and the relation. And to my knowledge the particular use of supervision to process embodied relational phenomena is an area that has not been specifically researched from a supervisee’s perspective.

This finding contributes to the literature on working with the embodied dialogue by providing experiential descriptions of how therapists use supervision to clarify how they are affected by clients, to bring awareness to embodied relational phenomena and to look after themselves. It shows the importance of supervision being a space in which therapists can bring all kinds of phenomena and experiences whether they make sense or not since it facilitates further understanding of oneself, of one’s therapeutic practice and more generally of the therapeutic process

The following section will now look at the clinical implications that were highlighted by the findings.

7.2 - Implications for Counselling Psychology and Psychotherapy

“I think it is very important for me to be embodied so I know that I’m self-supported so I can then be there to support the client” (Rachel, S3)

This topic was important to investigate because it highlighted therapists' ways of working that are not very visible in the literature as well as elements about the nature of the therapeutic encounter that have not been widely explored.

Several key points emerged from this research that could be utilised to inform the theory and practice of psychotherapy. This study showed that as human beings, through our embodiment, we are affected by each other's presence. Therapists working with the embodied dialogue are using this fundamental interconnectedness in the service of clients. The embodied dialogue appeared as the primary way in which therapists encounter their clients, as a layer of interaction in which therapists' and clients' relating is enacted and directly felt. Through this dimension therapists can tap into an embodied way of knowing that they can use as a compass to navigate the relation with their clients. This research also showed that working with the embodied intersubjective dimension demands of therapists to know themselves so that they can trust and use their responses in the service of clients. It demands of therapists to let go of the idea of a self fully autonomous and in control and instead to dwell in the blurry self-other space so as to have a fuller sense of the embodied dialogue and their clients. Finally, the therapeutic encounter appeared as a space in which therapists engage in a relation which is about more than *being-with* clients but is about engaging in a process of "*becoming-with*" clients (Haraway, 2008: 3).

These points highlight the considerable potential at therapists' disposal if they engage with the embodied intersubjective dimension. Therapists' experience is an available medium through which they can access the other. Not attending to their embodied responses or giving them little weight or importance is a missed opportunity in term of other- and self-awareness. Therefore, the psychotherapy field would benefit from focusing much more on this dimension of the therapeutic encounter and from putting more emphasis on therapists' exploration of themselves in this dimension. The importance and benefits of working with this dimension of encounters and of using oneself are not new to certain therapy modalities (such as Embodied-Relational Therapy or Dance and Movement Therapy) and to a number of practitioners (such as the members of the Relational School) who already put attending to the embodied dialogue at the heart of their practice. However this aspect of practice is not widely spread.

Drawing from the findings the next part offers suggestions that could improve how the field of psychotherapy approaches the embodied intersubjective dimension and how therapists work with it. Three areas are discussed in turn: (1) Opening up to the strangeness of this

dimension, (2) Exploring embodiment as part of therapists' role, and (3) Creating a more relational language.

7.2.1 - Openness to Strangeness

The ways of working therapists described in this research are not very visible in the literature; the intersubjective phenomena reported have not been vastly researched. Perhaps it is because a lot of the experiences shared by co-researchers in this study could be considered esoteric by mainstream science and modern society. But what does it mean for psychotherapy if we do not engage with that level of encounter? Are we sacrificing a dimension that could help us know the other better and ultimately do better therapy because we cannot explain these experiences and phenomena, because they do not fit within mainstream science? Do we fear being stigmatised as a field if we engage with the strangeness of this dimension? The findings of this study ask of the field of psychotherapy to not shy away from these phenomena but on the contrary to get closer to them and to extend its curiosity about humans, about relating and the therapeutic process to the embodied intersubjective dimension and its strangeness.

Psychotherapy does suffer if there are acceptable or unacceptable ways for therapists to talk about their work. Not only does it affect the effectiveness of supervision if therapists cannot share freely their intuitions, fantasies or the shapes they create with particular clients. But it also limits further research if widespread phenomena such as experiencing different states of consciousness, tuning in or anticipating situations are under discussed because they appear to transgress the current discourse on psychotherapy.

So an important implication of this study is that there is a lot to gain in terms of breadth and richness of the practice of psychotherapy if therapists further open up to the strangeness of the intersubjective dimension and explore its ways of working. But this implies a favourable environment for it – an openness of the field to this strangeness – as well as favourable forums to do so in therapy and supervision. An attitude of wonder and greater acceptance of this dimension could further encourage therapists to accept their senses as valid and valuable, and to cultivate an awareness of these.

7.2.2 – Exploring Embodiment as Part of Therapists’ Role

Findings showed how through their embodiment therapists and clients are engaged in a continual feedback loop that allows them to sense each other. This loop offers a direct access to the other. To be able to tap into this loop, or in other words to use the embodied intersubjective dimension in the benefice of clients, therapists need to know themselves well.

The field of psychotherapy would greatly benefit from viewing the process of learning about one’s embodiment and oneself in relation to others as a crucial part of therapists’ role. This could be addressed in training, therapy and supervision by further focusing on learning how to ‘listen to the belly’, by helping therapists to be open to material emerging through the embodied dialogue and trust this embodied way of knowing, by facilitating the exploration of different ways of being-with clients. More generally, training, therapy and supervision could further focus on therapists learning how to sharpen their senses and working on a sort of letting go of themselves that allows for a closeness, an intertwinement and fuller meeting with clients. It is this self-knowledge that can allow therapists to open up to a greater extent to the strangeness of this dimension, to know their boundaries and limitations, to sense the line between intertwinement and merging. It is this knowledge that can enable therapists to be of service to clients while looking after them and themselves.

In practice this could be done by attending to the following points:

- Encouraging therapists to view their embodied responses as information about themselves as well as about their clients.
- Urging therapists to continually keep an eye on their embodied experience so they can further notice how they tend to respond to certain situations, see what shapes they take in a particular system and what unique configuration they create. The more therapists know their default position and usual ways of relating, the more attuned they can be to the slight shifts and changes that occur when working with their clients. By sharpening their awareness of themselves, therapists are also sharpening their sense of the embodied dialogue and therefore of their clients.
- Inviting therapists to share their embodied responses in therapy and supervision, these experiences that are unfamiliar or do not make sense (trance-like feeling, unexplained reactions, felt senses, ideas, fantasies and the images that emerge in their awareness...); through processing these experiences therapists can further understand their own ways of being in the world.

- Supporting therapists' exploration of their embodiment and of the embodied dialogue can also happen through trainers, therapists and supervisors modelling a type of relating to oneself where one's self is seen as shifting and relational, and where one's felt senses are taken as valuable knowledge and therefore as essential to take into account.

7.2.3 – Creating a more Relational Language

This research showed the embodied dialogue as a level of interaction in which therapists and clients are not separated entities but entangled through their embodiment, which challenged common ideas about the boundaries between self and other. Currently, the field of psychotherapy does not have a vocabulary to talk about these intersubjective experiences. Often a Cartesian language is used, a language that tends to separate everything (mind-body, subject-object, self-other) and therefore is in the way of further understanding these experiences.

To describe their experiences of the embodied dialogue co-researchers for the most part did not use a psychotherapy language or words loaded with the values underpinning their different modalities. Instead they used a colloquial language that often did not imply a mind-body duality and that could be understood and used by all psychotherapy modalities. I tried, throughout my interpretations, to use a similar language. So this research can be used to begin to gather a new and post-Cartesian language that reflects the perspective on boundaries between self and other highlighted by this study, a language that could be useful to psychotherapists working with different modalities. But it is important that future research also focus on gathering and building a more experiential and relational language by listening to practitioners' experience.

Here are examples of words about intersubjective phenomena and experiences that emerged from the themes and my interpretations:

- **Shape**

Therapists take up different shapes while working with clients. Noticing what shapes are taken up in a specific system or at a particular time can be an important source of information. It is about noticing who they become temporarily.

- **Trance state**

A trance state is an altered state of consciousness that therapists can enter temporarily when working with the embodied intersubjective dimension of encounters. It is a state that allows therapists to gather information about the dynamic system they create with their clients.

- **Pairing up**

‘Pairing up’ describes therapists’ process of incorporating their clients’ way of inhabiting the world and embodying it alongside their own. It is the process that allows therapist and client to have a shared perception of what is happening between and around them - to share a similar reality.

- **Permeability / Adjusting the dial of permeability**

These terms describe therapists’ experience of being porous to their clients and their ability to adjust their embodied boundaries depending on clients and situations.

- **Feedback loop**

The continual feedback loop at play between therapists and clients is constituted by the mutual and reciprocal dual process of perceiving – enacting or responding. It is the process which allows both member of the dyad to have a constantly updated sense of the other.

- **Using oneself as a compass**

This expression means therapists using their responses, their attunement to the feedback loop to navigate the therapeutic encounter.

- **The Field**

The generalised field is made of the interwoven feedback loops happening between human and human as well as between human and world. The local field is the network of feedback loops happening in the therapeutic encounter; it includes the loops between therapist and client, between therapist and immediate situation and between client and immediate situation.

In relation to language this study has another implication: by challenging the boundaries between self and other it renders the term ‘embodied intersubjectivity’ inadequate. ‘Intersubjectivity’ is not appropriate in two ways: firstly, because it retains a Cartesian

connotation, the ‘inter’ still expresses a self-other separateness; besides in this dimension of encounter the meeting may not happen between two subjectivities. So ‘embodied intersubjectivity’ now appears to contain a contradiction in terms: ‘embodied’ refers to embodiment as what makes us fundamentally entangled with each other and what allows us to access a pre-personal state; ‘intersubjectivity’ however still keep two subjectivities apart. Terms such as ‘intercorporeality’ and ‘embodied dialogue’ also fall in the Cartesian trap. Drawing from Barad’s (2012) idea of intra-action, a more accurate name for the embodied level of engagement between therapist and client could be the ‘intra-active dimension’ of the therapeutic encounter.

What was discovered in this research project can also be related to much broader social processes and cultural forms. This is discussed in the next part.

7.3 - Broader Perspective: Findings and Posthumanist Feminist Ideas

The findings, in offering an alternative view on self, on the relation between self and other and between human and world, can be related to certain core ideas of posthumanist feminist philosophy.

By viewing our embodied self as a ‘flux of self’ (Braidotti, 1994) that in a constant state of “becoming-with” (Haraway, 2008), by highlighting our inescapable and intimate connection with others and our ability to have direct access to one another, the findings support a posthumanist challenging of the humanist unitary and individualistic conceptions of human.

With a focus on relationality, on our interconnections with others and our environment, this study is in line with posthumanist feminist ideas about the necessity of a de-centering of the self in relation to other selves but also a de-centering of human in the world. The findings support the contesting of the humanist’s tendency towards anthropocentrism which continues to put humans at the centre of the world. They endorse a posthumanist’s view of the world as a post-anthropocentric world made of a field of connected humans and other-than human.

Finally, the findings’ emphasis on our inextricable entanglement with others and the world has ethical implications. If we are one and the same Flesh, it should lead to ethical way of living as part of a matrix that includes humans and environment. It means combining one’s

interest with other humans' and non-humans' interest as well as with our world's interest (world as in ecological environment); an ethical endeavour which is at the heart of the posthumanist philosophy.

7.4 – Critical Reflections on the Research Process

7.4.1 – Methodological Considerations and Critical Reflections

This part is an evaluation of the strength and limitations of different aspects of the research methods, methodology and underpinning philosophy.

This research project produced rich and in-depth material that would have been difficult to obtain with a larger sample. Working with a small number of co-researchers allowed me to immerse myself in each account and dwell in their experiences and ways of working with the embodied dialogue; it also allowed me to reflexively address the embodied dialogue present between myself and co-researchers and its impact on the accounts. So the decision to have a small sample size was appropriate. However this in-depth exploration means that this project is limited in term of its breadth. Co-researchers interviewed in this study were chosen because they acknowledge the embodied intersubjective level of encounters and view it as an essential dimension of their therapeutic work; the problem with such a homogenous sample is that this project does not account for therapists not experiencing or not working with this dimension of encounters.

The findings further validated my decision of using Finlay's and Evan's (2009) relational-centred approach as a suitable method for this project since co-researchers' accounts came to support the assumption underlying their approach which is that the embodied intersubjective relation is an essential medium to understand the other.

The use of myself as a reflexive researcher was a strength in relation to the epistemological and methodological framework of the project underpinned by the belief that there is no such thing as an objective knowledge but only multiple situated ones. However, in such framework, the researcher's bias and assumptions can become a limitation for the study. As highlighted in the reflexive sections (2 – The Reflexive Researcher and 4.6 – Reflexivity), writing a research journal, regular therapy and the ongoing dialogue with my supervisor

allowed me to address my impact on the project. The journal and therapy were crucial in order to clarify and further understand my own history of embodiment and my own experience of the embodied dialogue; knowing myself better allowed me to limit considerably a blending of my own and co-researchers' experiences. Highlighting my assumptions about the embodied dialogue at the beginning of the project enabled me to have them in mind during the interviews and not steer the conversation in that direction inappropriately or prematurely. So for instance, one of my assumptions was that women have a specific way of inhabiting their bodies - due to their enculturation as women that is different to men - which impacts on the relation they co-create with their clients. I was mindful in the interviews of never opening this topic first. This assumption is probably not incorrect, however with the research design chosen for this project very few of these experiences came up in the interviews. Finally, conversations with my supervisor were a way to check that my interpretations and the themes created had a clear grounding in the co-researchers' accounts.

Re-writing narratives using stanzas transformed the accounts so the embodied dimension of encounters could appear between and through the words. They were my attempt at showing something of each co-researcher and of what happened between us. These stanzas are my interpretation of what happened and what I understood and sense at the time. In the same way I appropriated co-researchers' accounts using stanzas, these stanzas in turn invite the reader to do the same and create their own meaning. Author-ity is passed on: as a researcher I imposed a limit on those narratives by interpreting them and I also liberated them by inviting readers to have their own sensations and interpretations. This suits the epistemological multiplicity of this project's framework which embraces multiple ways of knowing.

The skills I have developed as a therapist were invaluable in the interview process as the quality of presence and being-with required as a researcher to conduct interviews are the skills that I continually exercise and cultivate in my practice with clients. Looking back at the interview process, however, I believe that more collaboration with co-researchers would have suited the feminist and relational values underpinning the research. If I were to do this project again I would: (1) ask for more specific feedback about the stanzas (i.e. what is it like for you to read your account in a stanza form? What it is like to see your account written in stanzas by me? What do the stanzas do to your account and our encounter?) and (2) ask for feedback after my reflexive comments were added to the accounts so co-researchers would have the opportunity to share their impressions and sense of the encounter. Both these feedbacks would be included as data. Another limitation that I would address if I were to do

this project again is the length of my relationship with co-researchers. I believe that multiple interviews conducted over a longer period of time would have led to more intimacy and trust which would possibly would have allowed elements from co-researchers' history of embodiment to emerge.

Merleau-Ponty's ideas on embodiment, reversibility, reciprocity and the flesh served as defining a horizon for this project (both in the conceptualisation of the phenomenon and in the methodology). Therefore with such a framework this research could not have produced linear explanations of the experience of the embodied dialogue but could only produce a matrix of inter-related meanings. By providing a linear and a transversal reading of the same material the use of a dual method of analysis was appropriate to explore such a matrix. One method produced a knowledge in which each co-researchers' voice was strong, where both cognitive and embodied forms of knowledge were transmitted to readers thus exemplifying what happens between therapist and client; the other method extracted the essential aspects of the experience of working with the intersubjective dimension thus clarifying and organising a complex and multifaceted experience into meaning units. Although it could be argued that the limitation of using two different methods is that none of them taken individually is thorough enough, I believe that its value is in the combination of the two: the dual way to approach the phenomenon offers rich findings that comes from the different forms of knowledge produced and the dialogue between the two.

I chose a research method that views the embodied intersubjective relationship between research and co-researchers as the main means to understand the other and which consequently sees the researcher's reflexivity as a crucial element of the research process. In doing so and although I worked in a postmodern framework, I did not embrace what could be considered a radical postmodernist view that sees subjects as products of structures outside of themselves and therefore lacking in agency and reflexivity. I viewed embodiment as providing a limit to the postmodern fragmentation of the subject and saw embodiment and our consequent cultural and social situatedness as the locus of subjectivity (and intersubjectivity) and therefore reflexivity. Adjusting the postmodern framework was necessary to fit with my epistemological position and the phenomenon of embodied dialogue.

7.4.2 - Living the Research as a Researcher

“To be a true explorer is to carry on your exploration even if it takes you to a place you didn’t particularly plan to go to”

Lynne Mc Taggart (2001: 15-16)

There was a point in the research where I had to admit that I was going in a direction which did not feel comfortable: I was heading towards an exploration of unexplainable mysterious phenomena. But although co-researchers’ accounts and the emerging themes were unusual, they were also simultaneously experientially very familiar. The research led me towards what could be considered esoteric knowledge, new age ideas, towards a territory more usually identified with energy-based therapies, complementary therapies and alternative medicine. Co-researcher’s accounts and what I read during the research journey deeply challenged my beliefs and pushed me to look at myself and the world in a new way. As I moved away from mainstream knowledge about psychotherapy I had to let go of an inherent credibility that comes with the prevailing view and many questions arose: will I be taken seriously if I talk about ‘the field’, about ‘sensing people’, about different levels of consciousness? Will I be misunderstood? Is there not a danger to further alienate psychotherapies in the current climate which favours evidence-based treatments? Shall we just keep it a secret? Albeit a badly hidden secret among therapists. My plan was not to disrupt commonly held views on psychotherapy. So, if anything, my surprise at the direction the project took I hope says something about my openness to what emerged during the research process and about how I have been able to be challenged and changed by the process. Merleau-Ponty’s idea of disruption of the closely woven fabric of existence, of our natural attitude to the world is at the heart of what happened throughout the research process. It has been about loosening up my common sense view of what therapy is, about disrupting a common sense view of what happens in the therapeutic encounter and about disrupting what the current hegemony says about the therapeutic encounter.

I do not remember the full content of each interview, however I remember very well the atmosphere of each encounter, I remember what they felt like, how I was slightly different in and after each of them. During and after the pilot interview with Rachel I felt a fizziness in my body which, I now know, meant that I was not embodied. I felt overwhelmed by the

situation and unintentionally reduced my sensing. Following the next interview (a mock interview with a colleague) I left feeling different from my usual embodied self, more confident; this feeling lasted for a few hours. After meeting Maggie I felt more aware of my physicality, with sharpened felt senses. Again it took a few hours for me to feel like my usual self again. I did not feel different after the interview with Heather which makes me think that perhaps our way of being in the world is not so dissimilar. My sense of the following interview is that Christina and I did not make ourselves very permeable to the other. Following the interview with Rebecca I felt tired; I wonder if our way of being in the world is quite different and therefore it took more energy for me to embody for a moment Rebecca's way of being. After my encounter with Maureen I felt unusually deeply connected with myself, others and the world. So I experienced the phenomenon of embodied dialogue in my interviews with co-researchers. Because my intention was to be permeable, to allow them to impress themselves on me, I therefore met them through how it felt to be with them, through my embodied sense of them, through how different I was with each of them. And by reversibility I also met myself. I experienced with co-researchers what happens in the therapeutic encounter (and in all encounters). The researcher's attitude of allowing the other to impress themselves on them while retaining their own embodied sense of self is what Finlay & Evans (2009) call 'inclusion'. They suggest that researcher's presence and inclusion are needed for mutual influence and real co-creation to happen. My experience as a therapist helped me find the balance between openness and presence; however the tiredness I felt after meeting Rebecca is probably an indication that I made myself too permeable in that occasion.

Writing this research was a struggle. I first believed that my difficulty came from writing in English but I realised further on that my difficulties with writing did not come from the use of a particular language, I would almost certainly have had the same frustration had I wrote in French, my first language. The problem came from the act of writing itself: writing as opposed to talking and being-with. Although the embodied and the implied do appear between the written words, the relational, the co-created, the reciprocal are absent. Written words cannot be nuanced and clarified by the presence of the writer; there is no relational feedback loop between the writer and reader. So I felt during the research process a strong ambivalence towards the unilateral act of writing.

The many decisions that need to be taken throughout the research process demanded of me to identify and clarify my personal values and beliefs as well as to take a stand in relation to the ontological and epistemological framework of the project. This process of clarification

ultimately allowed me to locate myself in my profession both as a practitioner and researcher. It located me as a practitioner in the community of existential phenomenological therapists who ground their practice in the relational embodied aspect of the therapeutic relationship; as a researcher it located me in a community of researchers who view knowledges as situated and who explore these using qualitative, phenomenological, relational, embodied approach to enquiry.

7.4.3 – Living the Research as a Practitioner

“To touch something is also and necessarily to be touched by it”

Dillon (1997: 161)

The research process had a strong impact on me as a practitioner and my way of working. These are the main shifts that occurred in my practice:

- I now allow myself to be affected and changed to a larger extent by clients; I am less fearful of taking different or less comfortable shapes. I am more flexible in my way of being and relating.
- I ‘use myself’ more: I share the intuitions, ideas, images that come into my awareness more often. I offer them as things clients can take or leave.
- I try and stay as aware as I can of the embodied dialogue with clients.
- I make myself as present and open as I can to create a space in which things can emerge;
- I can change my embodied boundaries more intentionally depending on who or what situation I am working with.
- I make myself available for clients to use me and look at how they do so.
- I am more aware of my clients’ and my own physicality (movements, breathing, voice and sounds...)
- Describing and discussing the embodied dialogue my clients and I create is an important aspect of my own supervision.

- In a session I focus more on what is happening to ‘us’ or to the ‘space’ as opposed to only ‘them’.
- The therapeutic space feels more creative for both myself and clients in that we have more ways to communicate if we are open to use the whole of ourselves. The more I share my senses, intuitions and fantasies, the more clients do the same.
- This new flexibility with my own embodied self leads to a different presence and therefore to different ways of relating. This more flexible way of relating opens a wider space for things to emerge.

The sense of using my whole self to get in synch with someone and get to further understand them is a very enjoyable part of the work and one of my favourite aspects of being a therapist. These changes in my practice have made the therapeutic work feels both more engaging and meaningful. They have also made it more dangerous but, in allowing me to get to know myself better, the research process has also better equipped me to face a wider range of situations. These changes and shifts in my practice represent possibilities that I hope other practitioners might take from this study.

Through the research process I gained more flexibility and fluidity in my way of being and relating. The immersion phase, and the constant self-reflection through reflexivity, therapy and supervision it involved, pushed me to re-visit my history but this time in an embodied way; this process stripped me of my usual way of being, of the armour I built over the year. I had to be flexible with my identity and allow the process to change me. In the interview phase I experimented with my embodied boundaries which further cultivated this flexibility. So the immersion and interview phases combined with the experimenting in my work with clients facilitated significant embodied learning.

The broader implications of the project and what the findings imply in relation to humans and our place in the world deeply affected me. My non-attachment to the concept of self as linear and unitary - which had already begun when I started to study Heidegger’s and Merleau-Ponty’s philosophies – further grew to give way to an embodied and relational conception of subjectivity. Ideas of being as relating, of being as becoming-with, in turn strengthened my belief in the centrality of the therapeutic relationship and the possibilities for change it offers for both therapist and client. The research findings combined with the discovery of posthumanist ideas, in particular the work of posthuman feminist philosophers such as Barad

(2007, 2012), Braidotti (1994, 2013) and Haraway (2008), led me to become more aware of the wider system I am part of and to take much more seriously the fundamental inter-connection between humans, other-than humans and environment and the ethical and political implications of our entanglement with the world.

7.5 - Dissemination of the research

This phenomenon of embodied dialogue between therapist and client is present in the therapeutic encounter whatever the therapists' theoretical approach and however they practice therefore the findings of this research project could be relevant for a large audience: counselling psychologists, psychotherapists, counsellors, existential-phenomenological practitioners as well as practitioners using different therapeutic modalities. The research project is also relevant for qualitative phenomenological researchers and researchers interested in using the embodied intersubjective dimension of the encounter between researcher and co-researchers as a means to explore a phenomenon.

I would like to disseminate the outcomes of this research project in several ways:

- By publishing the findings in journals: counselling psychology journals (such as *Counselling Psychology Review*), journals that are produced by professional representative bodies (such as *Therapy Today*), journals interested in research that can be applicable to professional practice (such as *Counselling and Psychotherapy Research Journal*), journals specialised in particular modalities of therapy (such as the *Journal for Existential Analysis*) and journals that focus on a particular methodology (such as *The Journal of Phenomenological Psychology*).
- By presenting my research project at counselling psychology and psychotherapy conferences.
- By creating and running workshops for practitioners interested in further exploring the embodied intersubjective dimension of their work with clients.
- By writing a chapter in an edited book interested in the topic.
- Finally, I would like to share my interest in the embodied dialogue with the general public since it is a phenomenon that we can all experience; this through publications in non-specialised journals and workshop open to non-psychotherapists.

7.6 – Suggestions for Future research

This project highlighted therapists' ways of working that are not very visible in the literature as well as aspects of the nature of the therapeutic encounter that have not been widely explored. Future research should aim at reducing the invisible areas of therapists' work. Research that encourage therapists to embrace the strangeness of the intersubjective dimension and to incorporate it in their practice would be of great benefit for the field of psychotherapy and counselling psychology.

These are suggestions for future research:

- Zooming in and exploring in more depth some of the themes that emerged from this project would be useful to further understand therapists' experience of the embodied dialogue with clients and, more generally, the therapeutic process. Specific experiences such as being in a trance state, tuning in, being embodied or regulating one's permeability would benefit from further exploration.
- Another area of interest for further research concerns the question of whether the experience of the embodied dialogue is similar for therapist and client. Future research could use therapist-client dyads as co-researchers and compare each side's experience.
- An exploration of how therapists' unique embodied history impacts on their intuitions, felt senses and their experience of the embodied dialogue would also be invaluable. These last two areas would help clarify what is personal and what is shared in the embodied dialogue. Although the embodied dialogue is seen as co-created and a shared manifestation of the intersubjective field, it is probable that part of it is experienced similarly by therapist and client and part of it is uniquely experienced and enacted because of each individual's unique make-up.
- More research could be conducted on the process of learning about one's embodiment and one's relations to others during training, and its impact on trainee therapists' feeling of being self-supported and trust in their senses. This could be done by comparing experiences of trainee therapists coming from schools that incorporate the embodied aspect of psychotherapy in varying degrees.

- More research could focus on therapists' experience of supervision. A study could examine therapists' experience of how easy or acceptable it is to bring and explore embodied experiences, gut feelings and strange phenomena in supervision. Another study could research the impact of different types of supervision - which incorporate the exploration of therapists' embodied processes in varying degrees - on therapists' sense of being supported in supervision.
- Finally, it is important that future research focus on gathering and building a post-Cartesian, more experiential and relational language to describe embodied phenomena; this can be done by listening to practitioners' experience.

7.7 - Concluding remark

Through embodiment humans' lives are entangled, humans and their environment are entangled. As I am writing the last words of this thesis I find solace in the sense that there is part of myself in continual interaction with all that surrounds me, whether I choose it or not. My existence rests on a layer of interaction I have no control over. There is a lot to be learnt about what it means to be human if we surrender to these ideas. On this note I leave the last words to Barad (2007):

“To be entangled is not simply to be intertwined with another, as in the joining of separate entities, but to lack an independent, self-contained existence. Existence is not an individual affair” (p ix)

8 - References

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9 – Appendices

9.1 – Ethical clearance

9.1.1 – Ethics Application Form

Middlesex University, Department of Psychology

REQUEST FOR ETHICAL APPROVAL (STUDENT)

Applicant (specify): UG PG (Module: PSA 16) PhD DPsych

Date submitted: 24/10/12

Research area (please circle)				
Clinical	Cognition + Emotion	Developmental	Forensic	Health
Occupational	Psychophysiological	Social	Sport + Exercise	
Other: <u>Counselling Psychology</u>			Sensitive Topic <input type="checkbox"/>	
Methodology:				
Empirical/Experimental	Questionnaire-based	<u>Qualitative</u>	Other _____	
<p>No study may proceed until this form has been signed by an authorised person indicating that ethical approval has been granted. For collaborative research with another institution, ethical approval must be obtained from all institutions involved.</p> <p>This form should be accompanied by any other relevant materials (e.g. questionnaire to be employed, letters to participants/institutions, advertisements or recruiting materials, information and debriefing sheet for participants¹, consent form², including approval by collaborating institutions).</p>				
<ul style="list-style-type: none"> Is this the first submission of the proposed study? <u>Yes/No</u> Is this an amended proposal (resubmission)? <u>Yes/No</u> Psychology Office: If YES, please send this back to the original referee Is this an urgent application? (To be answered by Staff/Supervisor only)¹ Yes/No 				

¹ See Guidelines on MyUnihub

Supervisor to initial here ____ PS-P _____			
Name(s) of investigator: Sandra Tapie			
Name of Supervisor (s): Paul Smith-Pickard (1st) / Emmy van Deurzen (2nd)			
Title of Study: <i>A Phenomenological Study of Female Therapists' Experience of an Embodied Intersubjective Dimension within the Therapeutic Encounter.</i>			
Results of Application:			
REVIEWER – please tick and provide comments in section 5:			
APPROVED	APPROVED SUBJECT TO AMENDMENTS	APPROVED SUBJECT TO RECEIPT OF LETTERS	NOT APPROVED

SECTION 1

<p>1. Please attach a brief description of the nature and purpose of the study, including details of the procedure to be employed. Identify the ethical issues involved, particularly in relation to the treatment/experiences of participants, session length, procedures, stimuli, responses, data collection, and the storage and reporting of data.</p> <p style="text-align: center;">SEE ATTACHED PROJECT PROPOSAL</p>	
<p>2. Could any of these procedures result in any adverse reactions?</p> <p>If “yes”, what precautionary steps are to be taken?</p> <p>Participants will be asked about their experience of the embodied intersubjective aspect of the relationship with their clients. This may involve reflection on emotional experiences or memories of traumatic events. Although the researcher will not intentionally ask participants to discuss distressing events, this may arise as a result of discussion about their experience with clients or through reflecting upon their past experiences. The researcher will check with participants on a regular basis that they are happy to continue with the interview. If a participant becomes distressed they will be asked if they wish to continue or take a break. Working as a therapist, the researcher is experienced in supporting clients who have experienced distress and would be able to provide immediate support. The researcher will also allow time for a debrief at the end of each interview during which participants will be invited to discuss their experience of the research, this</p>	<p>YES/NO</p>

<p>in order to monitor any unforeseen negative effects and misconceptions. The researcher will also encourage participants to get in touch if they have any further queries. No information about sources of support such as therapists directory websites will be given to participants as the researcher anticipates that, being qualified therapists, participants know how and where to get support if needed.</p>							
<p>3. Will any form of deception be involved that raises ethical issues?</p> <p><i>(Most studies in psychology involve mild deception insofar as participants are unaware of the experimental hypotheses being tested. Deception becomes unethical if participants are likely to feel angry, humiliated or otherwise distressed when the deception is revealed to them).</i></p> <p><u>Note</u>: if this work uses existing records/archives and does not require participation per se, tick here</p> <p>and go to question 10. (Ensure that your data handling complies with the Data Protection Act).</p>	<p>YES/<u>NO</u></p>						
<p>4. If participants other than Middlesex University students are to be involved, where do you intend to recruit them? <i>(A full risk assessment <u>must</u> be conducted for any work undertaken off university premises)</i></p> <p>Participants will be recruited through emails and direct contacts as well as through advertising in psychology and psychotherapy journals such as The Psychologist, Therapy Today and websites such as the BPS, UKCP and BACP websites. The voluntary nature of participation will be emphasised. Those who express interest by contacting the researcher will be advised that they are under no obligation to participate in the final project and they can withdraw consent at any time. Those who express an interest will be sent a participant information sheet and time to discuss any questions by email. They will then be given a week at which time they will be invited to arrange an interview date and time. Participants will be asked to sign a consent form at the start of the interview.</p>							
<p>5a. Does the study involve:</p> <table border="0"> <tr> <td>Clinical populations</td> <td>YES/<u>NO</u></td> </tr> <tr> <td>Children (under 16 years)</td> <td>YES/<u>NO</u></td> </tr> <tr> <td>Vulnerable adults such as individuals with mental or physical health problems, prisoners, vulnerable elderly, young offenders?</td> <td>YES/<u>NO</u></td> </tr> </table>		Clinical populations	YES/ <u>NO</u>	Children (under 16 years)	YES/ <u>NO</u>	Vulnerable adults such as individuals with mental or physical health problems, prisoners, vulnerable elderly, young offenders?	YES/ <u>NO</u>
Clinical populations	YES/ <u>NO</u>						
Children (under 16 years)	YES/ <u>NO</u>						
Vulnerable adults such as individuals with mental or physical health problems, prisoners, vulnerable elderly, young offenders?	YES/ <u>NO</u>						

Political, ethnic or religious groups/minorities?	YES/ <u>NO</u>
Sexually explicit material / issues relating to sexuality	YES/ <u>NO</u>
<p>5b. If the study involves any of the above, the researcher may need CRB (police check)</p> <p style="text-align: right;">YES/<u>NO</u></p> <p>Staff and PG students are expected to have CRB – please tick</p> <p>UG students are advised that institutions may require them to have CRB</p> <p>please confirm that you are aware of this by ticking here _____</p>	
<p>6. How, and from whom (e.g. from parents, from participants via signature) will informed consent be obtained? (<i>See consent guidelines²; note special considerations for some questionnaire research</i>)</p> <p>Written informed consent will be obtained from participants themselves at the start of the interview. The researcher will be available to discuss any query from participants. The researcher will draw participants' attention to the fact that they have the right to withdraw from the study at any stage.</p>	
<p>7. Will you inform participants of their right to withdraw from the research at any time <u>YES/NO</u> without penalty? (<i>see consent guidelines²</i>)</p>	

<p>8. Will you provide a full debriefing at the end of the data collection phase? <u>YES/NO</u></p> <p>(<i>see debriefing guidelines³</i>)</p>
<p>9. Will you be available to discuss the study with participants, if necessary, to monitor any negative effects or misconceptions? <u>YES/NO</u></p> <p>If "no", how do you propose to deal with any potential problems?</p>
<p>10. Under the Data Protection Act, participant information is confidential unless otherwise agreed in advance. Will confidentiality be guaranteed? <u>YES/NO</u></p> <p>(<i>see confidentiality guidelines⁵</i>)</p> <p>If "yes" how will this be assured (<i>see⁵</i>)</p>

To protect the confidentiality of the participants digital recordings will be encrypted and stored in a password protected computer. Transcripts will be anonymised and labelled with pseudonyms. Personal information, consent forms and hard copies of information will be kept in locked cupboard accessible only to the researcher. Data will be retained until publication of the study. Only in cases where the researcher believes a client is in danger of being harmed or exploited will she breach confidentiality and talk with her supervisors. The researcher will suggest that the participant bring the issue to supervision and/or personal therapy. This information will be included in the participant information sheet.

If “no”, how will participants be warned? (*see*⁵)

(NB: You are not at liberty to publish material taken from your work with individuals without the prior agreement of those individuals).

11. Are there any ethical issues that concern you about this particular piece of research, not covered elsewhere on this form? YES/NO

If “yes” please specify:

12. Is this research or part of it going to be conducted in a language other than English? YES/NO

If YES – Do you confirm that all documents and materials are enclosed here both in English and the other language, and that each one is an accurate translation of the other? YES/NO

(NB: If “yes” has been responded to any of questions 2, 3, 5, 11, 12 or “no” to any of questions 7-10, a full explanation of the reason should be provided – if necessary, on a separate sheet submitted with this form).

SECTION 2 (to be completed by all applicants – please tick as appropriate)

YES NO

13. Some or all of this research is to be conducted away from Middlesex University	X	
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If “yes” tick here to confirm that a Risk Assessment form has been submitted	X	
--	---	--

14. I am aware that any modifications to the design or method of this proposal will require me to submit a new application for ethical approval	X	
---	---	--

15. I am aware that I need to keep all the materials/documents relating to this study (e.g. consent forms, filled questionnaires, etc) until completion of my degree / publication (as advised)	X	
---	---	--

16. I have read the British Psychological Society’s <i>Ethical Principles for Conducting Research with Human participants</i> ⁴ and believe this proposal to conform with them.	X	
--	---	--

SECTION 3 (to be completed by STUDENT applicants and supervisors)

Researcher: (student signature) ____Sandra Tapie____ date__24/10/12__

CHECKLIST FOR SUPERVISOR – please tick as appropriate

YES NO

1. Is the UG/PG module specified?	✓	
2. If it is a resubmission, has this been specified and the original form enclosed here?		
3. Is the name(s) of student/researcher(s) specified?	✓	
4. Is the name(s) of supervisor specified?	✓	

5. Is the consent form attached?	✓	
6. Are debriefing procedures specified? If appropriate, debriefing sheet enclosed – appropriate style?	✓	
7. Is an information sheet for participants enclosed? appropriate style?	✓	
8. Does the information sheet contain contact details for the researcher and supervisor?	✓	
9. Is the information sheet sufficiently informative about the study?	✓	
10. Has Section 2 been completed by the researcher on the ethics form?	✓	
11. Any parts of the study to be conducted outside the university? If so a Risk Assessment form must be attached – Is it?	✓	
12. Any parts of the study to be conducted on another institution's premises? If so a letter of acceptance by the institution must be obtained - Letters of acceptance by all external institutions are attached.		
13. Letter(s) of acceptance from external institutions have been requested and will be submitted to the PSY office ASAP.		
14. Has the student signed the form? If physical or electronic signatures are not available, an email endorsing the application must be attached.	✓	
15. Is the proposal sufficiently informative about the study?	✓	

Signatures of approval:

PSY OFFICE received

Supervisor: _P SMITH-PICKARD...(see email attachment) date: __24/10/12__ date:.....

Ethics Panel: _____ date: _____ date:.....

(signed pending approval of Risk Assessment form) date:.....

If any of the following is required and not available when submitting this form, the Ethics Panel Reviewer will need to see them once they are received – please enclose with this form when they become available:

- letter of acceptance from other institution
- any other relevant document (e.g. ethical approval from other institution):

PSY OFFICE received

Required documents seen by Ethics Panel: _____ date: _____ date:.....

SECTION 4 (to be completed by the Psychology Ethics panel reviewers)

		Recommendations/comments
1. Is UG/PG module specified?		
2. If it is a resubmission, has this been specified and the original form enclosed here?		
3. Is the name(s) of student/ researcher(s) specified? If physical or electronic signatures are not available, has an email endorsing the application been attached?		
4. Is the name(s) of supervisor specified? If physical or electronic signatures are not available, has an email endorsing the application been attached?		
5. Is the consent form attached?		
6. Are debriefing procedures specified? If appropriate, is the debriefing sheet attached? Is this sufficiently informative?		
7. Is an information sheet for participants attached?		
8. Does the information sheet contain contact details for the researcher?		
9. Is the information sheet sufficiently informative about the study? Appropriate style?		
10. Has Section 2 (points 12-15) been ticked by the researcher on the ethics form?		
11. Any parts of the study to be conducted outside the university? If so a fully completed Risk Assessment form must be attached – is it?		

12. If any parts of the study are conducted on another institution/s premises, a letter of agreement by the institution/s must be produced. Are letter/s of acceptance by all external institution/s attached?		
13. Letter/s of acceptance by external institution/s has/have been requested.		
14. Has the applicant signed? If physical or electronic signatures are not available, an email endorsing the application must be attached.		
15. Is the proposal sufficiently informative about the study? Any clarity issues?		
16. Is anyone likely to be disadvantaged or harmed?		
17. If deception, protracted testing or sensitive aspects are involved, do the benefits of the study outweigh these undesirable aspects?		
18. Is this research raising any conflict of interest concerns?		

9.1.2 – Risk Assessment

INDEPENDENT FIELD/LOCATION WORK RISK ASSESSMENT

FRA1

This proforma is applicable to, and must be completed in advance for, the following field/location work situations:

1. All field/location work undertaken independently by individual students, either in the UK or overseas, including in connection with proposition module or dissertations. Supervisor to complete with student(s).
2. All field/location work undertaken by postgraduate students. Supervisors to complete with student(s).
3. Field/location work undertaken by research students. Student to complete with supervisor.
4. Field/location work/visits by research staff. Researcher to complete with Research Centre Head.
5. Essential information for students travelling abroad can be found on www.fco.gov.uk

FIELD/LOCATION WORK DETAILS

Name ...Sandra Tapie.....

Student No M00278538

Research Centre (staff only).....

Supervisor ...Paul Smith-Pickard (1st)

Emmy van Deurzen (2nd)

Degree course DPsych in Counselling

**Psychology and
Psychotherapy**.....

Telephone numbers and name
of next of kin who may be
contacted in the event of an
accident

NEXT OF KIN

Name Nora Brennan.....

Phone ...07770 565 965.....

**Physical or psychological
limitations to carrying out the
proposed field/location work**

...No.....

.....

.....

**Any health problems (full
details)**

...No.....

Which may be relevant to
proposed field/location work
activity in case of emergencies.

.....

Locality (Country and Region)

...United Kingdom, New School of Psychotherapy and
Counselling and co-researchers' own consulting rooms

Travel Arrangements

...Public transport.....

NB: Comprehensive travel and health insurance must always be obtained for independent overseas field/location work.

...N/A.....

.....

Dates of Travel and Field/location work

2013 – dates to be arranged with co-researchers.....

PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY**Hazard Identification and Risk Assessment**

List the localities to be visited or specify routes to be followed (**Col. 1**). For each locality, enter the potential hazards that may be identified beyond those accepted in everyday life. Add details giving cause for concern (**Col. 2**).

Examples of Potential Hazards :

Adverse weather: exposure (heat, sunburn, lightening, wind, hypothermia)

Terrain: rugged, unstable, fall, slip, trip, debris, and remoteness. Traffic: pollution.

Demolition/building sites, assault, getting lost, animals, disease.

Working on/near water: drowning, swept away, disease (weils disease, hepatitis, malaria, etc), parasites', flooding, tides and range.

Lone working: difficult to summon help, alone or in isolation, lone interviews.

Dealing with the public: personal attack, causing offence/intrusion, misinterpreted, political, ethnic, cultural, socio-economic differences/problems. Known or suspected criminal offenders.

Safety Standards (other work organisations, transport, hotels, etc), working at night, areas of high

crime.

Ill health: personal considerations or vulnerabilities, pre-determined medical conditions (asthma, allergies, fitting) general fitness, disabilities, persons suited to task.

Articles and equipment: inappropriate type and/or use, failure of equipment, insufficient training for use and repair, injury.

Substances (chemicals, plants, bio- hazards, waste): ill health - poisoning, infection, irritation, burns, cuts, eye-damage.

Manual handling: lifting, carrying, moving large or heavy items, physical unsuitability for task

If no hazard can be identified beyond those of everyday life, enter 'NONE'.

1. LOCALITY/ROUTE	2. POTENTIAL HAZARDS
New School of Psychotherapy and Counselling, London	Lone interviews
Co-researchers' own consulting rooms	Lone interviews
Public transport	None

The University Field/location work code of Practice booklet provides practical advice that should be followed in planning and conducting field/location work.

Risk Minimisation/Control Measures

PLEASE READ VERY CAREFULLY

For each hazard identified **(Col 2)**, list the precautions/control measures in place or that will be taken **(Col 3)** to "**reduce the risk to acceptable levels**", and the safety equipment **(Col 5)** that will be employed.

Assuming the safety precautions/control methods that will be adopted **(Col. 3)**, categorise the field/location work risk for each location/route as negligible, low, moderate or high **(Col. 4)**.

Risk increases with both the increasing likelihood of an accident and the increasing severity of the consequences of an accident.

An acceptable level of risk is: a risk which can be safely controlled by person taking part in the activity using the precautions and control measures noted including the necessary instructions, information and training relevant to that risk. The resultant risk should not be significantly higher than that encountered in everyday life.

Examples of control measures/precautions:

Providing adequate training, information & instructions on field/location work tasks and the safe and correct use of any equipment, substances and personal protective equipment. Inspection and safety check of any equipment prior to use. Assessing individuals fitness and suitability to environment and tasks involved. Appropriate clothing, environmental information consulted and advice followed (weather conditions, tide times etc.). Seek advice on harmful plants, animals & substances that may be encountered, including information and instruction on safe procedures for handling hazardous substances. First aid provisions, inoculations, individual medical requirements, logging of location, route and expected return times of lone workers. Establish emergency procedures (means of raising an alarm, back up arrangements). Working with colleagues (pairs). **Lone working is not permitted where the risk of physical or verbal violence is a realistic possibility.** Training in interview techniques and avoiding /defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention. Interviews in neutral locations. Checks on Health and Safety standards & welfare facilities of travel, accommodation and outside organisations. Seek information on social/cultural/political status of field/location work area.

Examples of Safety Equipment: Hardhats, goggles, gloves, harness, waders, whistles, boots, mobile phone, ear protectors, bright fluorescent clothing (for roadside work), dust mask, etc.

If a proposed locality has not been visited previously, give your authority for the risk assessment stated or indicate that your visit will be preceded by a thorough risk assessment.

3. PRECAUTIONS/CONTROL MEASURES	4. RISK ASSESSMENT (low, moderate, high)	5. SAFETY/EQUIPMENT
<p>- I will ensure other persons are present in the building, I will inform a contact in the building of the start and end times of interviews. I will take a mobile phone with me in the interview room.</p> <p>(when interviewing at NSPC)</p>	Low	None
<p>- I will inform a contact of the times and locations of the meetings with the co-researchers. I will have a mobile phone to inform the contact of the start and end times of the interviews; I will call them at the end of the interview to confirm that I am safe and have left the meeting location.</p> <p>(when interviewing in co-researchers' own consulting rooms)</p>	Low	None

PLEASE READ THE FOLLOWING INFORMATION AND SIGN AS APPROPRIATE

DECLARATION: The undersigned have assessed the activity and the associated risks and declare that there is no significant risk or that the risk will be controlled by the method(s) listed above/over. Those participating in the work have read the assessment and will put in place precautions/control measures identified.

NB: Risk should be constantly reassessed during the field/location work period and additional precautions taken or field/location work discontinued if the risk is seen to be unacceptable.

Signature of Field/location workerSandra Tapie..... **Date**24/10/12
(Student/Staff)

Signature of Student SupervisorPaul Smith-Pickard..... **Date**24/10/12

APPROVAL: (ONE ONLY)

Signature of
Director of Programmes **Date**
(undergraduate students only)

Signature of Research Degree Co-
ordinator or
Director of Programmes **Date**
(Postgraduate)

Signature of Research Centre
Head (for staff field/location **Date**
workers)

FIELD/LOCATION WORK CHECK LIST

1. Ensure that **all members** of the field party possess the following attributes (where relevant) at a level appropriate to the proposed activity and likely field conditions:

- ☐ Safety knowledge and training?
- ☐ Awareness of cultural, social and political differences?
- ☐ Physical and psychological fitness and disease immunity, protection and awareness?
- ☐ Personal clothing and safety equipment?
- ☐ Suitability of field/location workers to proposed tasks?

2. Have all the necessary arrangements been made and information/instruction gained, and have the relevant authorities been consulted or informed with regard to:

- ☐ Visa, permits?
- ☐ Legal access to sites and/or persons?
- ☐ Political or military sensitivity of the proposed topic, its method or location?
- ☐ Weather conditions, tide times and ranges?
- ☐ Vaccinations and other health precautions?
- ☐ Civil unrest and terrorism?
- ☐ Arrival times after journeys?
- ☐ Safety equipment and protective clothing?
- ☐ Financial and insurance implications?
- ☐ Crime risk?

- ☐ Health insurance arrangements?
- ☐ Emergency procedures?
- ☐ Transport use?
- ☐ Travel and accommodation arrangements?

Important information for retaining evidence of completed risk assessments:

Once the risk assessment is completed and approval gained the **supervisor** should retain this form and issue a copy of it to the field/location worker participating on the field course/work. In addition the **approver** must keep a copy of this risk assessment in an appropriate Health and Safety file.

9.1.3 – Ethics Approval Confirmation Letter

Sandra Tapie
25 Ballance Road
London
E9 5ST

4th April 2013

Dear Sandra

Re: Ethics Approval

We held an Ethics Board on 20th March 2013 and the following decisions were made.

Ethics Approval

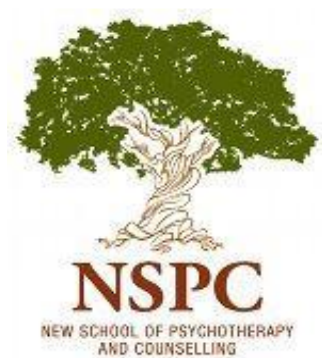
Your application was approved via Chair's action and confirmed at the board.

Please note that it is a condition of this ethics approval that recruitment, interviewing, or other contact with research participants only takes place when you are enrolled in a research supervision module.

Yours sincerely

Prof Digby Tantam
Chair Ethics Committee
NSPC

9.2 – Co-researcher Information Sheet



NSPC Ltd
258 Belsize Road
London NW6 4BT



Middlesex University
The Burroughs
London NW4 4BT

Dated: (date when given to co-researcher)

Research Participant Information Sheet

A Phenomenological Study of Female Therapists' Experience of an Embodied Intersubjective Dimension within the Therapeutic Encounter.

My name is Sandra Tapie, I am a trainee counselling psychologist and psychotherapist. I am carrying out this research as a requirement for a Doctorate in Counselling Psychology and Psychotherapy.

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

What is the purpose of the research?

In every encounter and before any word is spoken, an embodied and silent dialogue takes place between people. I have a sense of the other and a sense of myself in relation to this other. I have a sense of our relationship in the space we are co-creating. Through our

embodied presence, there is an immediate relatedness. The phenomenon I am talking about can be felt and experienced but resists words. At the core of this project is my curiosity about the way in which people experience this embodied silent dialogue. These questions are especially relevant and important in the context of the therapeutic encounter as this embodied dialogue is always already there between therapists and clients, creating a particular atmosphere and giving a particular colour to the encounter.

The aim of this research is to study how female psychotherapists and counselling psychologists experience the embodied intersubjective aspect of the encounter with their clients and how the awareness of this intersubjective embodiment impacts on them and their therapeutic practice. This project is relevant to the fields of counselling psychology and psychotherapy in that the embodied intersubjective space is the very space where therapy happens and a condition for therapy to happen. A better understanding of this aspect of the encounter and how it impacts on therapists' own sense of being in the world and ultimately on therapeutic practice could give us a better understanding of the therapeutic process.

What will happen to me if I take part?

I will contact you to arrange an interview at a date, time and location that is convenient for you. The interview can either take place at the New School of Psychotherapy and Counselling or in your own consulting room. It will last approximately 60 minutes. During the interview I will ask you about how you experience the embodied dialogue with your clients and how it affects you and your practice.

During the research process I will use a qualitative method. I will analyse the information you give me during the interview to get a sense of your personal experience. I will then combine your data with the other co-researchers' data in order to extract the main themes of your experiences.

What will you do with the information that I provide?

I will be recording the interview on a digital recorder. Digital recordings will be encrypted and stored in a password protected computer. Files from the recorder will be deleted. I will then transcribe the interview. The transcript will be labelled with a pseudonym and stored on the password protected computer.

Your consent form will be kept in a file identified only with a project code and stored in a locked filing cabinet accessible only to me.

Digital recording, transcript and consent form will be kept six months after graduation and will be treated as confidential. When the research is published I will make sure that neither

your name nor other identifying details are used. Excerpts from your data may be published verbatim but these will be anonymised.

Data will be stored according to the Data Protection Act and the Freedom of Information Act.

What are the possible disadvantages of taking part?

Talking about your experience of the embodied dialogue between you and your clients might lead you to talk about personal experiences that may provoke discomfort or that may be distressing. If so, please let me know, and if you wish, we will stop the interview.

Whatever you tell me during the interview is confidential. I will however disclose information to a third party in the below circumstances:

- In cases where I believe a client is in danger of being harmed or exploited.
- If you indicate that you intend to harm yourself or someone else.
- If you provide information that associates you with terrorist activities.

What are the possible benefits of taking part?

Being interviewed about your experience of embodied intersubjectivity may be an opportunity for you to reflect on this particular aspect of your practice. You will also be contributing to a better understanding of an essential dimension of the therapeutic encounter as well as a better understanding of the therapeutic process. You will receive a copy of my thesis once it is completed.

Consent

You will be given a copy of this information sheet for your personal records and, if you agree to take part, you will be asked to sign the attached consent form before the study begins.

Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part you may withdraw at any time without giving a reason.

Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC research ethics sub-committee have approved this study.

Expenses

Travel expenses to and from the location of the interview will be reimbursed.

Thank you for reading this information sheet.

If you have any further questions you can contact me at:

NSPC Ltd
258 Belsize Road
London NW6 4BT
ST884@live.mdx.ac.uk

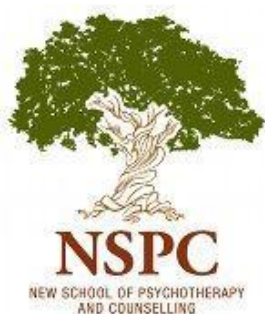
If you have any concern about the conduct of the study you may contact my supervisor:

Paul Smith-Pickard
c/o NSPC
paulsmithpickard@googlemail.com

Or

The Principal
NSPC Ltd
258 Belsize Road
London NW6 4BT
Admin@nspc.org.uk
0044 (0) 20 7624 0471

9.3 – Consent Form



NSPC Ltd
258 Belsize Road
London NW6 4BT



Middlesex University
The Burroughs
London NW4 4BT

Dated: (date when given to co-researcher)

Written Informed Consent

A Phenomenological Study of Female Therapists' Experience of an Embodied Intersubjective Dimension within the Therapeutic Encounter.

Researcher: Sandra Tapie

Supervisor (1st): Paul Smith-Pickard

Supervisor (2nd): Emmy van Deurzen

I have understood the details of the research as explained to me by the researcher and confirm that I have consented to act as a participant.

I have been given contact details for the researcher in the information sheet.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication and provide my consent that this might occur.

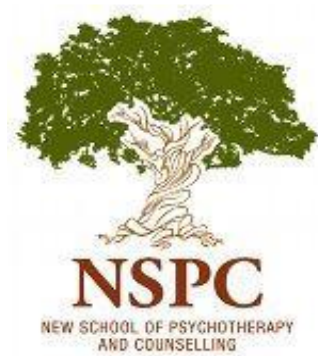
Print name: _____ Sign

name:

Date: _____

To the participants: Data may be inspected by the chair of the Psychology Ethics panel and the Chair of the School of Social Sciences Ethics Committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____

9.4 – Debriefing Letter



NSPC Ltd
258 Belsize Road
London NW6 4BT



Middlesex University
The Burroughs
London NW4 4BT

Dated: (date when given to co-researcher)

Debriefing Letter

A Phenomenological Study of Female Therapists' Experience of an Embodied Intersubjective Dimension within the Therapeutic Encounter.

Thank you for taking the time for this interview and for sharing your experience with me.

Your contribution is very much appreciated and will contribute to a better understanding of an essential dimension of the therapeutic encounter as well as a better understanding of the therapeutic process.

The information you have given me today will be kept until publication of the research and will be treated as confidential. When the research is published I will make sure that neither your name nor other identifying details are used.

If you have any query please do not hesitate to get in touch, you can contact me at:

NSPC Ltd
258 Belsize Road
London NW6 4BT

ST884@live.mdx.ac.uk

If you have any concern about the conduct of the study you may contact my supervisor:

Paul Smith-Pickard

c/o NSPC

paulsmithpickard@googlemail.com

Thank you for your valuable contribution,

Kind regards,

Sandra Tapie

9.5 – Example of Integration of reflexive notes and comments throughout co-researcher's account

Co-Researcher: Rachel

- **Context of the interview**

Rachel is the first co-researcher I interview as part of the pilot study. Before the interview I am worried that I will not get enough data or not the 'right' data. I am tempted to create a list of questions, I am simultaneously trying to forget about questions as I want to be open to whatever happens in the encounter and keep a curious stance. I am oscillating between wanting to control the situation and staying with the uncertainty and letting a dialogue develop. I feel a slight electric current running through my body, I worries that this sensation is going to be in the way of me being fully present. When I meet Rachel she seems happy to be interviewed. I experience her as warm yet boundaried. I sense both curiosity and wariness from her.

- **The interview**

Segment 1

A phenomenon of life

*For me it's a phenomenon of life
I have become much more in touch with
through my training and personal development
and it exists all the time*

*It is a sense that we all have
and sometimes it can be overwhelming
I've learnt how to regulate it more
to regulate my awareness of how I am impacted by my environment
which includes the other person*

*It's just critical
that as therapist
we are open to how we are impacted by the information
that we're getting from all our senses
one of those being the kinaesthetic sense of how our body responds
how our whole being responds
not just our thinking*

*And that information we take in
through seeing
through our skin
through our hearing
through our smell
what I am taking in from my clients informs me about
how I respond to them
and how they're responding to me
before we even start talking.*

As we start the interview Rachel speaks slowly. She carefully chooses her words and pauses regularly. It feels as if the phenomenon we are looking at is something fragile, something we could break with words or lose if we were to speak too quickly. Rachel's precaution illustrates the difficulty of finding appropriate words when talking about how embodied intersubjectivity is experienced and what it means. For Rachel everyone has a sense of the embodied intersubjective dimension in an encounter, we can sense our environment, situations and people. This is not a therapeutic phenomenon but a life phenomenon. Rachel can regulate how much she senses. I am curious about how she adjusts her sense but, at this point, I do not ask and instead follow her. Rachel says that in her sensing there is an inherent responding; sensing and responding are not separate but two aspects of the connecting movement toward the other. The interaction that happens in parallel to talking is made of the meeting of each side's sensing / responding. This idea becomes clearer when Rachel further defines what she means by 'kinaesthetic' and 'through the skin' sense:

Segment 2
Through-the-skin sense

How do you define 'kinaesthetic'?

*Through the skin
You don't need to be touching
you can sense people
and in that sensing you respond to them
it won't be a thinking response
it will be a through the skin response
that then may come into your thinking.*

I find the word ‘kinaesthetic’ restrictive: it narrows the phenomenon of embodied intersubjectivity down to a phenomenon that concerns the body only; it reduces the ability of sensing people to the function of sensory organs, the proprioceptors. Moreover it does not account for the inherent responding that is part of the sensing. The term ‘through the skin’, however, with its metaphorical and more poetic connotations, goes beyond the idea of a sensory organ and evokes a fundamental permeability and interconnectedness between people.

Segment 3 **Being embodied**

*I think it is very important for me to be embodied
so I know that I’m self-supported
so I can then be there to support the client*

*I have a number of clients
that are split
the body is not part of them
it’s all about their thinking
they objectify the body*

I am struck by Rachel’s statement: if she is embodied then she is self-supported; if she is self-supported then she can support clients. I instantly wonder what she means by ‘being embodied’. She partially answers when she talks about clients who are *not* embodied: clients who are ‘split’ are partly or not aware of how they are impacted by their environment and by people; they are partly or not aware of how they respond to these. It’s more about their thinking and less about feeling.

In this segment it sounds as if the body is doing the sensing and the mind is doing the thinking but I am not sure this is what Rachel is saying. I think that the words Rachel uses reflect more the dualist Cartesian language we use in the psychotherapy field to talk about a particular phenomenon and group of clients. In her narrative Rachel fluctuates between ‘the body’ (segment 1 and 2) and ‘the whole being’ (segment 1) when talking about who or what is doing the sensing.

9.6 – Thematic Analysis – Step 1

Rachel

Thematic Analysis Step 1

Segment 1

A phenomenon of life

*For me it's a phenomenon of life
I have become much more in touch with
through my training and personal development
and it exists all the time*

*It is a sense that we all have
and sometimes it can be overwhelming
I've learnt how to regulate it more
to regulate my awareness of how I am impacted by my environment
which includes the other person*

*It's just critical
that as therapist
we are open to how we are impacted by the information
that we're getting from all our senses
one of those being the kinaesthetic sense of how our body responds
how our whole being responds
not just our thinking*

*And that information we take in
through seeing
through our skin
through our hearing
through our smell
what I am taking in from my clients informs me about
how I respond to them
and how they're responding to me
before we even start talking.*

Segment 2

Through-the-skin sense

How do you define 'kinaesthetic'?

*Through the skin
You don't need to be touching
you can sense people
and in that sensing you respond to them
it won't be a thinking response
it will be a through the skin response
that then may come into your thinking.*

Segment 3
Being embodied

*I think it is very important for me to be embodied
so I know that I'm self-supported
so I can then be there to support the client*

*I have a number of clients
that are split
the body is not part of them
it's all about their thinking
they objectify the body*

Segment 4
Rachel's fundamental movements and embodiment

*So you've said earlier
[the embodied sense] it's something you've learnt how to regulate
something you've learnt through your training
it's something you've learnt to use*

*It is
absolutely
it's a huge part of Gestalt
I really believe I've learnt it by studying developmental somatic psychotherapy
which is about movement in the first year of life*

*Movement is our first language as human beings
and we learn to engage with our environment through movement
and there are certain specific movements that we use
at that age
and also throughout our life*

*I learnt what my fundamental basic natural way of moving is
and that enabled me then to accept myself as I am
and to be comfortable to sit in my body*

*So I have one!
If somebody comes up close to me
facing me
in my face
it's threatening
I will kick out*

What will happen?

I'll kick

You'll kick?!

*I know I shouldn't kick people
because I am a grown up
and I don't want to be hit back
and yet there is this real strong urge to do that
now that doesn't mean I was taught to do that
but what I know happened
in my history
was that I had a mother that did a lot of that*

*I have a good one
with another fundamental movement for me which is 'reach'
when I reach
my natural reach is to reach with my hands
and pull back with my shoulders
and through exploring these kinds of movements
I have learnt that
when I do that often enough*

*I start to feel really sad
it's almost like there is no point reaching
because there is nobody there
that's what has become innate in me
because that was my experience
experience when I was young
now I know there is somebody there
but it's being held in my movement now*

*That information is invaluable
when we are meeting other people
because these things happen all of the time
and generally out of awareness.*

9.7 – Thematic Analysis – Step 2 and 3

Rachel - Thematic Analysis step 2 and 3

- **Theme 1 - A phenomenon of life**

<p><i>For me it's a phenomenon of life and it exists all the time</i></p> <p><i>It is a sense that we all have</i></p> <p><i>I've learnt how to regulate it more to regulate my awareness of how I am impacted by my environment which includes the other person</i></p> <p><i>It's just critical that as therapist we are open to how we are impacted by the information that we're getting from all our senses one of those being the kinaesthetic sense of how our body responds how our whole being responds not just our thinking</i></p> <p><i>And that information we take in through seeing through our skin through our hearing through our smell</i></p> <p><i>Through the skin You don't need to be touching you can sense people</i></p> <p><i>people are processes and all the time that I sit together with a client same as I sit together with you now we change our embodied experience of that is going to be different it changes from moment to moment Because it's a dynamic process relationships it changes all the time</i></p>	<p>Phenomenon of life It is present all the time</p> <p>It's a sense</p> <p>Awareness of how we are affected by others and environment</p> <p>Being open to how our body and whole being respond to others and our environment</p> <p>Information taken in through our senses including the through the skin sense</p> <p>Through the skin sense</p> <p>Having a dynamic embodied experience of the dynamic relation</p>
---	--

The embodied dialogue is a phenomenon co-extensive to life, it exists all the time. We can sense it. We can gather information about it through our senses (including the through the skin sense which is the sense of how our body responds, how our whole being responds). We have a dynamic embodied experience of our dynamic relation with others and the environment.

- **Theme 2 - Sensing oneself to get a sense of the other**

<p><i>what I am taking in from my clients informs me about how I respond to them and how they're responding to me before we even start talking.</i></p> <p><i>Through the skin You don't need to be touching you can sense people and in that sensing you respond to them it won't be a thinking response it will be a through the skin response that then may come into your thinking.</i></p>	<p>What I sense informs me of how I respond to the other and how they respond to me</p> <p>Through the skin you can sense people by sensing how they affect you Sensing and responding is one and the same thing</p>
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By sensing how we are affected by other s and our environment we can get a sense of the other and the environment and our relation with them. By sensing yourself you get a sense of the other and of the relating. Sensing and responding are one and the same thing.

- **Theme 3 - Being affected by clients**

<p><i>It is a sense that we all have sometimes it can be overwhelming</i></p> <p><i>I might leave myself feeling uncomfortable because I am there in the service of the client</i></p> <p><i>I had a new client starting the other week and following me up the stairs I could feel the buzz going on behind me in that instance what I do is that I start to feel lots and I shut some of it off because it's too much for me and I would lose myself</i></p>	<p>Sense can be overwhelming</p> <p>Uncomfortable</p> <p>It's too much for me</p> <p>I would lose myself</p>
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The embodied dialogue and how we are affected by others and the environment can feel overwhelming, uncomfortable, 'too much'...

- **Theme 4 - Sharpening and regulating this sense**

<p><i>I have become much more in touch with through my training and personal development</i></p> <p><i>I've learnt how to regulate it more to regulate my awareness of how I am impacted by my environment which includes the other person</i></p> <p><i>I had a new client starting the other week and following me up the stairs I could feel the buzz going on behind me and actually one the reason she's in therapy is because... It's too much! in that instance what I do is that I start to feel lots and I shut some of it off because it's too much for me and I would lose myself but I know that's what's going on it's a choice</i></p> <p><i>Or I notice if I start to disappear historically I come from a disappearing place so I learnt as a child that that's the best thing for me to do and I became very closed closed is my default I think that's the word it's my default position so my training and my personal development has enabled me to open and I still know how to close</i></p> <p><i>maybe I wasn't there for some of the session I don't have a recollection of what was going on</i></p>	<p>Becoming more aware of the impact of others and environment through training and personal development</p> <p>Regulating the awareness of the impact of others and situations</p> <p>Regulating her awareness of how she is impacted by client by 'shutting' off some of it</p> <p>Looking after herself</p> <p>Opening and closing Becoming more or less aware of how she is impacted by others and situations</p> <p>Closes, involuntary regulation</p>
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*so there'd been something that had gone on
in the session
that's meant that that's where I've gone
and that's the sort of thing I'd take to
supervision*

We can sharpen and regulate how aware we are of the impact of others and environment through training and personal development. We can 'close' and 'open' intentionally or involuntarily.

- **Theme 5 - The body / Embodiment /Being embodied**

*I think it is very important for me to be embodied
so I know that I'm self-supported
so I can then be there to support the client*

*I learnt what my fundamental basic natural way of moving is
and that enabled me then to accept myself as I am
and to be comfortable to sit in my body*

*when I reach
my natural reach is to reach with my hands
and pull back with my shoulders
and through exploring these kinds of movements
I have learnt that
when I do that often enough
I start to feel really sad
it's almost like there is no point reaching
because there is nobody there
that's what has become innate in me
because that was my experience
experience when I was young
now I know there is somebody there
but it's being held in my movement now
That information is invaluable
when we are meeting other people
because these things happen all of the time
and generally out of awareness.*

Being embodied to feel self-supported and able to be there for clients

Learning fundamental way of moving so as to accept herself and be comfortable in her body

Experiences are held in movements, in the body, in embodiment

Information about oneself is invaluable when meeting other people

Although she feels uncomfortable, she can ground herself, she can 'be embodied' in that. Being embodied means that she can carry on

<p><i>I might leave myself feeling uncomfortable because I am there in the service of the client so if I feel uncomfortable but I can ground myself because I can be embodied in that and know that's actually my historical response as opposed to they are threatening me So that's what I mean I think it's invaluable that we are embodied</i></p> <p><i>So my embodiment really informs me along with the other information I'm getting of what it's like to be with this client</i></p> <p><i>I had a new client starting the other week and following me up the stairs I could feel the buzz going on behind me and actually one the reason she's in therapy is because... It's too much! in that instance what I do is that I start to feel lots and I shut some of it off because it's too much for me and I would lose myself but I know that's what's going on it's a choice</i></p>	<p>being aware of how she is impacted by the environment. Knowing herself helps her stay embodied / grounded</p> <p>Differentiating between historical response and actual threat</p> <p>Getting information about the other and their relating through her embodiment</p> <p>It's too much for me Knowing herself to look after oneself</p>
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Being embodied is essential to feel self-supported and to be able to be there for clients. 'Being embodied' means that she can carry on being aware of how she is impacted by the environment. Through our embodiment we can gather information about the other and their relating.

Experiences are held in movement. Knowing one's embodied self (history of our embodiment, historical responses) allows us

- *To stay embodied / grounded, to stay aware of how we are impacted by the other*
- *To look after oneself (knowing limitations)*

- **Theme 6 - Using oneself in therapy**

<p><i>So my embodiment really informs me along with the other information I'm getting of what it's like to be with this client I'm likely to explore if that's their experience</i></p>	<p>Using embodiment to get information about client as well as to explore experience of client</p>
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<p><i>with other people or I hear what their experience of relationships with other people is</i></p> <p><i>Often what their story is their narrative the content will reinforce or backup start to back up what my impression is being</i></p> <p><i>It's just critical that as therapist we are open to how we are impacted by the information that we're getting from all our senses one of those being the kinaesthetic sense of how our body responds how our whole being responds not just our thinking</i></p> <p><i>I don't ever get to a fixed position [about a client] if I go to that fixed place then I have analysed them I have diagnosed them that's not very helpful because people are processes and all the time that I sit together with a client same as I sit together with you now we change our embodied experience of that is going to be different it changes from moment to moment so therefore there has to be a constant almost like a shuttling going backward and forward me checking out what is going on for me asking the client and then me checking out and then asking the client</i></p>	<p>Therapist's impression / embodied sense is backed up by client's spoken narrative.</p> <p>Being aware of how we are impacted by other and situations, using what we sense (how we are affected / how we respond) is an essential skill for therapists</p> <p>Not analysing but shuttling Shuttling as staying aware of her embodied experience and asking the client their own embodied experience</p>
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Using oneself to gather information about clients' and their way of relating, using oneself as a compass to get a sense of what to explore with clients. Using oneself as sensing tool to sense the dynamic relating. Not analysing but shuttling.

9.8 – Universal and Subordinate Themes

Universal Theme 1: Being Affected by the Encounter

- Subordinate theme 1 - Embodied responses, senses, intuitions

<p><i>A very ordinary feeling would be looking at young man and feeling enormous affection physical affection for him and wanting somehow to convey that the tenderness (Christina, S1)</i></p> <p><i>Sometimes when you're working with somebody you can be affected by them over distance the embodiment is not just in the room (...)</i></p> <p><i>Because I was like this [shaking] I knew that they were terrified so that helped me to be ready for them It probably made me very careful with that person and gentle I think they needed me to know that for them this was a really terrifying thing. (Rebecca, S8)</i></p> <p><i>Through the skin You don't need to be touching you can sense people and in that sensing you respond to them it won't be a thinking response it will be a through the skin response that then may come into your thinking. (Rachel, S2))</i></p> <p><i>I felt I was in the presence of evil that was really tangible I didn't feel safe it was her energy it was her presence it was nothing she'd said</i></p>	<p>Co-researchers experience embodied response, senses and intuitions while working with their clients.</p> <p>Co-researchers can be affected by clients physically, emotionally, energetically and mentally.</p>
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*My instinct kicked in
I was in the presence of danger
that cruel energy set up my reptilian need to
protect myself
by removing myself from the threat
(Maggie, S4)*

*Whenever I'm sitting with a client
I'll have some kind of body experience
that doesn't totally make sense
and it takes a while
quite a lot of processing
to get to the point of being able to use it
that's why supervision is good
or talking to you.
(Heather, S2)*

*So as we sit together
I'm sensing what's happened to the field
what does it feel like?
what's that sense?
and working with intuition really
I'm predominantly an intuitive
whether the intuition is more sensate
so you arrive as a client
you say you're feeling fine
I start getting a headache
I didn't have a headache a few seconds ago
I then begin to wonder whether you have a
headache
so that the sensate
And there can be an emotional one
suddenly I feel sad
or feel grief
There's the mental one
I would see an image
in front of my eyes
suddenly
it wasn't there before
and there it is
Or I'll hear a sound
hear a word
Or there might be just direct intuition
of something being in the room
(Maureen, S1)*

The kinaesthetic empathy is a bit different

<p> <i>it's when I can physically empathise with the other person</i> <i>it's not necessarily the same feeling in the same part of the body</i> <i>it's an emotional response empathic but kinaesthetically in my body</i> <i>which can be the energy field I can feel it energetically</i> <i>I can feel it also as a sensation as a more physical sensation like a tingling</i> <i>like a tension or like a release</i> <i>literally my gut moves</i> <i>(Bianca, S1)</i> </p>	
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- **Subordinate theme 2 – Sensing oneself, the other and the dynamic relation**

<p> <i>I once had a journalist who didn't declare she was a journalist she came for a session and about halfway through I asked her why she'd come because although she was a nice person and she genuinely had something she'd brought I could sense that the relationship wasn't quite... there was something different about it (...)</i> <i>I guess now we're sitting together I'm realising that I could tell I don't know if it was always a feeling response I think it was almost a more mental response</i> <i>(Maureen, S4)</i> </p> <p> <i>So I'd come and sat on the sofa with them and immediately there's a shift there's an immediate 'poom!' of connection Their body to me saying "I've lost you" me feeling like I've lost them physically</i> </p>	<p> By being attentive to how they are affected and responding to the other and the encounter, co-researchers can get a sense of their clients and the dynamic relation. </p>
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*or energetically
that really made a difference being on the
same sofa with a client.
(Maggie, S10)*

*I had a new client starting the other week
and following me up the stairs
I could feel the buzz going on behind me
(Rachel, S9)*

*Somatic countertransference
it's the moment where
I really feel exactly
well exactly
nobody knows but
a very similar physical response
to the one the client is having
so they say
"oh I have a pain in my right kidney"
and I will really feel that
(Bianca, S1)*

*Sometimes
when people are going to cry
I get pricks here
a few minutes before
It's in the field
it's a field experience
so it is in the in-between
it's not a generalised field
it's a field in between me and them
it's sort of constellated
(Rebecca, S6)*

*When she first came
there was a very tangible atmosphere when
working with her
that was very gentle
and very tender
it felt quite mother and baby in a way
very containing
we had this unconscious contract
that said
we'll just be really nice and nurturing to each
other
that she won't attack me
It feels like we've outgrown that somehow*

<p><i>so maybe I'm sitting with this anxiety that she'll attack me that she's torn out that agreement (Heather, S1)</i></p>	
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- **Subordinate theme 3 - Mysterious yet familiar experiences**

<p><i>A very ordinary feeling would be looking at young man and feeling enormous affection physical affection for him and wanting somehow to convey that the tenderness that let's say is maternal (...) I want him to have that feeling of emotional, physical embrace that I think he doesn't have And then I think in his history there's no clinical material that tells me it doesn't exist he doesn't have a brutalising background so what is this? (Christina, S1)</i></p> <p><i>I have no way of understanding that experience really this young woman it was only an initial consultation there was something in her presence in her engagement I felt like she was a vortex and I was being sucked into it my energy was being sucked into it (Maggie, S3)</i></p> <p><i>The information doesn't always come and I don't look for it these intuitive things they just come when they're needed and if you ask me how do I know that I don't know they're needed they just come so clearly</i></p>	<p>The embodied responses, sense and intuitions that come with being affected by the other and the environment evade explanation; they are however familiar experiences.</p>
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*for some reason the information is needed in
that form
sometimes I don't need it at all
it doesn't happen
(Maureen, S13)*

*I am working with someone
who is moving
and out of the blue
I feel
let's say my liver
and the second after
or two seconds after
the person goes and puts their hand on the
liver
It's as if my body
somehow
was picking up some unconscious movement
it's a movement
it's not an unconscious process
maybe an unconscious process / movement
How can this happen?
the sense of anticipation
that my body is picking up at times
I find that really mysterious
It's something about the energy
the energy field
I don't have any explanations
and I haven't come across theories about
that
(Bianca, S1)*

9.9 – Full Presentations of the Findings from the Narrative Analysis

9.9.1 – Rachel

Context of the interview

Rachel is the first co-researcher I interview as part of the pilot study. Before the interview I am worried that I will not get enough data or not the ‘right’ data. I am oscillating between wanting to control the situation and staying with the uncertainty to allow for a dialogue to develop. I feel a slight electric current running through my body, I worry that this sensation is going to be in the way of me being fully present. When I meet Rachel I experience her as warm yet I sense a reserve or wariness perhaps, which I respond to by being more attentive to our interaction and more careful with my interventions.

The interview

Segment 1

A phenomenon of life

*For me it's a phenomenon of life
I have become much more in touch with
through my training and personal development
and it exists all the time*

*It is a sense that we all have
and sometimes it can be overwhelming
I've learnt how to regulate it more
to regulate my awareness of how I am impacted by my environment
which includes the other person*

*It's just critical
that as therapist
we are open to how we are impacted by the information
that we're getting from all our senses
one of those being the kinaesthetic sense of how our body responds
how our whole being responds
not just our thinking*

*And that information we take in
through seeing
through our skin
through our hearing
through our smell
what I am taking in from my clients informs me about
how I respond to them
and how they're responding to me
before we even start talking.*

As we start the interview Rachel speaks slowly. She carefully chooses her words and pauses regularly. It feels as if the phenomenon we are looking at is something fragile, something we could break with words or lose if we were to speak too quickly. Rachel's precaution illustrates the difficulty of finding appropriate words when talking about how embodied intersubjectivity is experienced and what it means. For Rachel everyone has a sense of the embodied intersubjective dimension in an encounter, we can sense our environment, situations and people. This is not a therapeutic phenomenon but a life phenomenon. Rachel can regulate how much she senses. I am curious about how she adjusts her sense but, at this point, I do not ask and instead follow her.

Rachel says that in her sensing there is an inherent responding; sensing and responding are not separate but two aspects of the connecting movement toward the other. The interaction that happens in parallel to talking is made of the meeting of each side's sensing / responding. This idea becomes clearer when Rachel further defines what she means by 'kinaesthetic' and 'through the skin':

Segment 2
Through-the-skin sense

How do you define 'kinaesthetic'?

*Through the skin
You don't need to be touching
you can sense people
and in that sensing you respond to them
it won't be a thinking response*

*it will be a through the skin response
that then may come into your thinking.*

I find the word ‘kinaesthetic’ restrictive: it narrows the phenomenon of embodied intersubjectivity down to a phenomenon that concerns the body only; it reduces the ability of sensing people to the function of sensory organs, the proprioceptors. Moreover it does not account for the inherent responding that is part of the sensing. The term ‘through the skin’, however, with its metaphorical and more poetic connotations, goes beyond the idea of a sensory organ and evokes a fundamental permeability and interconnectedness between people.

Segment 3 ***Being embodied***

*I think it is very important for me to be embodied
so I know that I’m self-supported
so I can then be there to support the client*

*I have a number of clients
that are split
the body is not part of them
it’s all about their thinking
they objectify the body*

I instantly wonder what Rachel means by ‘being embodied’. She partially answers when she talks about clients who are *not* embodied, clients who are ‘split’. Being ‘split’ here means that these clients rely on their intellectual understanding more than their felt senses of a situation. When Rachel is embodied she can get information from all levels of experience through her emotional, physical and sensory responses to a situation. To feel self-supported and support clients Rachel needs her engagement with them to be informed by all her embodied responses, not just her intellectual understanding.

Being embodied – as the process of being aware of one’s embodied responses - seems to be a way for Rachel to look after herself in her work with clients and a condition to be of service to them.

Segment 4

Rachel's fundamental movements and embodiment

*So you've said earlier
[the embodied sense] it's something you've learnt how to regulate
something you've learnt through your training
it's something you've learnt to use*

*It is
absolutely*

*I learnt what my fundamental basic natural way of moving is
and that enabled me then to accept myself as I am
and to be comfortable to sit in my body*

*So I have one!
If somebody comes up close to me
facing me
in my face
it's threatening
I will kick out*

What will happen?

I'll kick

You'll kick?!

*I know I shouldn't kick people
because I am a grown up
and I don't want to be hit back
and yet there is this real strong urge to do that
now that doesn't mean I was taught to do that
but what I know happened
in my history
was that I had a mother that did a lot of that*

*That information is invaluable
when we are meeting other people
because these things happen all of the time*

and generally out of awareness.

Rachel describes one of the steps towards being able to regulate the sense of how she is impacted by others: she needs to know herself and more specifically know how her story is held in her movements as well as how she tends to respond to certain situations. In the following segment Rachel gives an example of how the awareness she has about her embodiment serves as a ground in her work with clients.

Segment 5

Knowing oneself / Being there in the service of the client

Sometimes a client might sit forward (leans forward)

How do you respond to that?

*I have to check
because my automatic movement is to go like that (leans back)
and depending on the work
I have to be careful
I have to ground myself and check
“ok, why am I doing that?”
Is that the right thing to do for this client?”*

Then what about you?

Do you check if you are comfortable as well?

*Well I do check
I might leave myself feeling uncomfortable
because I am there in the service of the client
so if I feel uncomfortable
but I can ground myself
because I can be embodied in that
and know that’s actually my historical response
as opposed to they are threatening me*

Rachel's self-awareness allows her to differentiate between an automatic, historical response and a response to the present situation, between a perceived threat and an actual threat.

She can stay in an uncomfortable situation as long as she can 'be embodied in it'; this means that as long as her engagement with her client keeps being informed by all her senses, as long as she can keep sensing herself in the situation and in the relationship, she has a ground to work on.

Segment 6

Therapist's embodied responses as information

*My embodiment really informs me
along with the other information I'm getting
of what it's like to be with this client
I'm likely to explore if that's their experience with other people
or I hear what their experience of relationships with other people is*

Through her embodied responses Rachel gets a sense of the kind of dynamic her client tends to create with people since her responses to this client are likely to have similarities with other people's responses to this client outside of therapy. The dynamic that this client tends to create (and that would perhaps be difficult for the client to describe) is directly felt by Rachel.

Segment 7

Opening / closing

*I had a new client starting the other week
and following me up the stairs
I could feel the buzz going on behind me
and actually one the reason she's in therapy is because...*

It's too much?

It's too much!

*in that instance
what I do is that I start to feel lots
and I shut some of it off
because it's too much for me
and I would lose myself
but I know that's what's going on
it's a choice*

*So that's what you mean by regulate?
Like the lens of a camera
you open and close?*

Yeah

You decide how much you can take

*Or I notice if I start to disappear
historically I come from a disappearing place
so I learnt as a child that that's the best thing for me to do
and I became very closed
closed is my...*

Default almost?

*Default
I think that's the word
it's my default position
so my training and my personal development has enabled me to open
and I still know how to close*

*With some clients
I realise
maybe I wasn't there for some of the session*

*And when you say "I wasn't there"
what do you mean?*

*I don't have a recollection of what was going on
so there'd been something that had gone on in the session
that's meant that that's where I've gone
and that's the sort of thing I'd take to supervision*

Rachel recognises one of her responses: she starts disappearing. She knows that in order to be there for this client at this moment she needs to adjust how aware she is of their impact on her and regulate how much she senses.

However she also describes times in which the adjusting happens out of her awareness, times in which she temporarily stops being aware of her responses. This is possibly a way to protect herself from a situation that she perceived as overwhelming or threatening. This response happened at a pre-reflective level of consciousness; only retrospectively is she able to reflect on the situation from an observational reflective level of consciousness.

I am touched by Rachel's story. I wonder if people interested in embodiment and intersubjectivity have something in common. I think about my story. Do people interested in these topics have a particular kind of story? Stories that include having to regulate, from a young age, how they are affected by their environment and by others in order to stay safe.

Comments

During the interview I feel that there is, at times, a tutor – student dynamic between us. I believe this is mainly due to the fact that I am unsure about how to be there with her as a researcher. At this stage of the research I do feel more like a student than a researcher. I am gathering data more than we, as researcher and co-researcher, are co-creating data.

During the interview I experienced Rachel as having a very still presence and as inviting me to be still. My sense was that, through her presence, she was showing me how to let myself be affected by the situation and our encounter. This sense I had gave me a glimpse of how Rachel works with the embodied intersubjective space in that aspects of how we related to each other during the interview probably parallels what happens between Rachel and her clients. Through the way Rachel inhabits her body, her way of being there in the room and her way of relating, she is creating a space in which clients can progressively get in touch with their own embodiment and what she calls the “through the skin” sense.

Looking back, now that all the interviews have been completed, I realise how scared I was about being embodied at the beginning of the research process; exploring my embodiment and becoming more aware of myself in a bodily way felt risky. I now know that the slight

electric current I felt in my body at the start of the interview with Rachel usually happens when I am a bit overwhelmed and close down to a degree.

9.9.2 – Maggie

Context of the interview

Two years after my first interview with Rachel I start the interview process again. Through focusing and dance and movement therapy I have become more aware of my embodiment. I now welcome my felt sense of situations and people. My ability to regulate my openness to the other has improved. From the interview with Maggie onwards I choose to make myself as permeable as I can with co-researchers. The researcher Maggie is meeting is different to the researcher Rachel met two years ago.

When I meet Maggie our greeting is warm, we met once before, briefly, and both had a ‘good feeling’ about the other. I have heard positive feedback about Maggie and her way of working and so feel a bit intimidated. At first Maggie and I sit opposite each other however after a few exchanges she invites me to come closer. We start the interview sat at each end of her sofa. The interview feels a bit fragmented at the beginning. After a few minutes we find a rhythm.

The interview

Segment 1

Feeling solid

What did I feel when I sat with her [a client] this morning?

I felt very grounded

did it feel embodied?

I just felt very solid in myself

my physicalness

What does that mean ‘very solid’?

Very strong

*very at home
very in my chair!
in my body
in my role!
in my job*

*But
there are times
when my body is not feeling that way with some clients*

Feeling ‘grounded’, feeling ‘solid’, ‘being in her body’ are expressions that describe Maggie’s general sense of strength. This sense of strength and solidness goes beyond feeling strong physically and describe her whole being’s sense of stability and security. ‘Body’ means much more than just her physical body and seems to refer to the sense she has of her whole being or embodied self.

Segment 2

The centre of the storm

*It feels really distressing sometimes to be with her
because she's so desperately uncomfortable in her own body
she's just not at home at all*

*You have a sense of that
but it doesn't affect you physically?*

*It does!
it makes me feel even calmer and stiller
and more solid I think
it feels like there's this storm around me
and I'm in the centre of it
very anchored*

‘Feeling anchored’ seems to express, like in the previous segment, a general sense of stability and strength that is experienced emotionally, mentally, physically. It perhaps describes Maggie’s ability to integrate her responses felt across these different levels of experience and ground herself in them.

Segment 3

The vortex

*I have no way of understanding that experience really
this young woman
it was only an initial consultation
there was something in her presence
in her engagement
I felt like she was a vortex
and I was being sucked into it
my energy was being sucked into it
into this hole
into this nothingness
it wasn't like she didn't exist
because obviously she did
but she was so unable to know
how she was
who she was
where she was
she was so disconnected from literally being in this world
that I felt I was being sucked into her*

*When she left
I just thought
there is no way I can work with her
I had to go to sleep
I slept for 20 minutes
I was totally wiped out
I felt like I had been sucked
everything
my life force
my vitality had been sucked out of me
I collapsed
really it was a collapse*

*And not knowing where to meet her
there is no boundary to push against to
to define where she ends and where I start
where do you meet?
where is that little bit of tension?
or pressure?
there just wasn't really.*

It seems as if the constant interplay of mutual reflections that happens between two people during an encounter, that reciprocation of seeing and being seen, of sensing and responding which create a contained space, is not present between Maggie and her client. Maggie experiences her client as having no boundaries and in response is losing the sense of her own embodied boundaries. Without feedback from her client Maggie's embodied boundaries that are relationally set, cannot be set.

What 'collapses', perhaps, is her embodied sense of self. Sleep seems to act as a reset function that protects Maggie from further damage and restores her sense of self.

Segment 4

Listening to the body

*At the first session I knew I couldn't work with her
I felt I was in the presence of evil
that was really tangible
I didn't feel safe
it was her energy
it was her presence
it was nothing she'd said*

*My instinct kicked in
I was in the presence of danger
that cruel energy set up my reptilian need to protect myself
by removing myself from the threat*

How did you pick that up?

*Just straight off
I really listen to my body
so I'm quite in tune with what it lets me know
it's very quick for me*

*You've got such a good understanding of your body
you can understand all the shifts and nuances*

*Yes
even if I don't understand them straight on
I will trust them
I will respond to them
and then make sense of what was going on afterwards*

*so I trusted that I didn't feel safe with her
and so I wasn't going to be the right person for her to work with.*

‘Listening to the body’ does not mean listening to physical responses only but listening to a more general sense of the situation (which may include her physical, emotional, sensory, energetical and mental responses to the situation). Feeling unsafe or in danger comes from a combination of these responses.

‘Listening to the body’ involves an observational reflective mode of consciousness that takes for object the experiences and responses that occur at a pre-reflective level of consciousness.

Maggie acknowledges and trusts her embodied responses even if they are not intelligible on the moment; she takes them into account as information or knowledge about the situation. She then reflects further upon the situation to make sense of it.

Segment 5

Being present / Being of service to someone

*The only two times
it was my physical response
that led me not to work with them
whereas with other clients
I might have a physical response to them
but I still feel I'd be able to work with them
because I haven't lost myself
so I'm able to still be present
and engaged
and can be of service to someone
but I would not have been able to be of service to them.*

The sense of threat Maggie experience with these two clients would perhaps overwhelm her ability to process her responses; she would not be able to keep sensing herself in the relation with them. Maggie might enter a different mode of being – perhaps a form of protective mode - that restricts her ability to integrate responses and ground herself in her pre-reflective experience of the situation.

Segment 6

The edge

*There is a sexuality in the room between us
I don't find him sexually attractive
but I'm aware of him as a sexual person
our conversations are a lot about sex
so it's definitely present
it feels that there's an energy
it's quite spiky*

*He wants to bring in a laptop
and show me
there is part of me that is really quite nervous about that
about bringing more sexuality into the room
I could feel my body a bit like
"hum hum... not sure"
what my body did was that it tightened up*

*I think what it is is...
the sex
sexuality becoming more than it is
and I wonder whether that would take me too much to the edge for me*

*My body wouldn't be as spontaneous
as impulsive
as relaxed
there'd be a kind of vigilance
and quiet I think
it won't be just my interaction with him verbally
it'll be what's my body is going to be allowing
or offering
what is going to seep out*

*I think what it is is that...
I haven't put this into words
or made sense of this before
you see
maybe I'm frightened of being turned on*

*What if my body responds?
what will that mean?
will he be able to feel that?
I don't want that!
I don't want that in the therapy room
I don't want that in my body*

when I am sitting with someone

I think I'd feel vulnerable

I don't want to feel more vulnerable than I'm willing to

I wonder if my not wanting it

has meant that it hasn't happened

because I just have left that part closed

it's not open

it's not open to possibilities

It's a decision?

Yes

it does feel like a decision

When Maggie brings the topic of sexuality I am pleased as we are touching on something I want to explore: how embodied intersubjectivity and sexuality can be articulated together. My body tenses up slightly, working with sexuality in the room and my own edge are areas that do not feel fully explored.

Maggie's experience brings many questions: why - when being a sexual being as a therapist is ok, feeling the client's desire is ok, feeling a sexual energy in the room is ok - being turned on is not ok? Why 'being turned on' or allowing oneself to desire is the limit? Could this not be relevant to the therapeutic work? How is this manifestation of the body different from others? How is this aspect of the embodied intersubjective dimension different from the other co-created aspects?

If we understand 'being embodied' as the process and ability to stay aware of one's embodied responses and one's moment by moment experiencing, we could view the experience of 'being turned on' as an experience that threatens this ability. The experience of 'being turned on' (like the experience of sensing danger in the previous segments) perhaps takes over and prevents therapists to be aware of other responses; situation which could feel unsafe to work from for therapists. Both fear and being sexually aroused are responses that perhaps overwhelm the reflective processing of responses and therefore lead to a sense of not being in control.

While Maggie is talking about her client being turned on by watching web-sex and wanting to bring a computer to show her, something very brief and surprising happens. As I am about

to talk I forget my question; I become self-conscious, aware of Maggie watching me and enjoy it for a short moment. I wonder if my enjoying of being watched parallels something of what is happening between Maggie and her client. It seems as if Maggie has brought, for a moment and in our space, the atmosphere that is in the room with her client. Through our embodied dialogue I can sense something of Maggie's embodied dialogue with her client.

Segment 7

Thinking of my body

*If I'm thinking of my body
I'm thinking of emotions
I'm thinking of sexuality
it includes health
and physical strength*

'Body' here means both the physical body and the lived body; both the body that is experienced as object and the body-subject that is in continual interaction with its environment.

Segment 8

'Something' made me know

*I run a group therapy
one of my trans client
it was their first experience of dressing with female clothing
in front of others
she was terrified*

*I remember reaching out to her
saying "just walk behind me"
I felt like I wanted to touch her
I didn't
I don't think she could have coped with a reassuring touch
it would've actually had her spinning out more
it was bringing attention to the body that she's trying to change*

*I remember going towards
I remember my arm coming out
quite automatically*

*to touch her on the shoulder
and then just
just something in that
in the way physically
it's just something that made me know that wasn't...
I just pulled back my arm
and use my words instead
it was so instinctual.*

Through their embodied dialogue and through an instant subtle feedback from her client, Maggie senses that she should not touch them. Maggie's response seems to happen at a pre-reflective level of consciousness; she is already pulling back her arm when she becomes aware of her movement. Her response is enacted before it becomes an object of observation and reflection; this observation process requires a different level of consciousness (observational reflective consciousness) in which the self takes itself as an object.

She then reflects further on the situation and understands the reasons behind her gesture.

Segment 9

Distance

*There's a couple of clients
when I've been sitting over there
in my separate chair
and they've been on the sofa
I felt so distant
how to connect again?*

*So I'd come and sat on the sofa with them
and immediately there's a shift
there's an immediate 'poom!' of connection*

*Their body to me saying "I've lost you"
me feeling like I've lost them physically
or energetically
that really made a difference being on the same sofa with a client.*

Maggie senses a distance between herself and her client; she experiences it physically or energetically. It is an awareness of this sense that prompts her to come closer to her client. By

being attuned to the embodied dialogue between herself and her clients, Maggie can respond to what is happening moment by moment in the therapeutic encounter. A felt sense has let her know what was needed and another felt sense – a ‘poom’ of connection – gives her a direct feedback on how her action has affected the system.

Segment 10
The end of the interview

*How was it to be interviewed
to talk together?*

*It's interesting...
I met you the one time
I had a nice feel about you
so I knew that would be fine
I would feel comfortable with you as I have
well for a start
I shared something I haven't shared with many people!
I felt a little bit vulnerable
a little bit embarrassed like that*

thank you for being so open

*But you know
it's part of being in the body
it throws up some interesting things*

What about you?

*Same
I remember when we met
I had the feeling that I would find that again
that we could probably find each other quite easily
I was quite anxious at the beginning
I heard so much about you
great stuff
I think I was a bit intimidated.*

Comments

I find it difficult to put into words how it was to be with Maggie the time of an interview. I found her presence very energising. At times I felt I could ‘see’ her and at other times I could not, as if there was a constant shift between showing and hiding, close and far. It felt as if the distance between us was constantly being negotiated. At the end of the interview Maggie asked me to not publish a small part of her account. A few months later, thinking about why Maggie disclosed that part, I wondered if it was about challenging the boundaries, the distance between us and about keeping the negotiation alive.

My sense of our encounter and these segments show Maggie’s fine attunement to her moment by moment experiencing as well as her ability to sense the shifts and nuances in the dynamic relation with her clients.

After meeting Maggie I felt more aware of my physicality, with sharpened felt senses. It took several hours to feel like my usual self again.

9.9.3 – Heather

Context of the interview

Before the interview with Heather I feel relaxed and in touch with my felt senses which gives me a sense of groundedness. My intention is to be as present and permeable as I can during the interview.

Heather and I had a first contact through skype in which I experienced Heather as being cautious. I wonder whether we will find each other easily, whether the interview will flow. As soon as I meet Heather in person my immediate sense is that ‘it’s going to be okay’: I instantly feel safe and I sense that Heather feels safe enough too.

The interview

Segment 1

She's torn out that agreement

*The exchange between us has really varied through time
at the moment
when I am sitting with her
I've been getting to feel really quite anxious beforehand*

*When she first came
there was a very tangible atmosphere when working with her
that was very gentle
and very tender
it felt quite mother and baby in a way
very containing*

*In some ways
we had this unconscious contract
that said
we'll just be really nice and nurturing to each other
that she won't attack me
and that suited that piece of work
it had suited both of us at that time*

*It feels like we've outgrown that somehow
so maybe
I'm sitting with this anxiety
that she'll attack me
that she's torn out that agreement*

*Something sort of joined up as I'm talking
so what I'm sitting with...
I know from my own biography
I fear attack almost on an existential level
from a very young schizoid part of myself
but I think that's also her experience
that we haven't got to yet
that she'd be annihilated
or attacked
that it's not safe to be a baby with mother.*

Heather describes a joint re-enactment in which the client's experience of fearing annihilation and attack triggers Heather's own fear of being attacked. However it is an experience that the client 'hasn't got to yet', is not aware of yet. So how does Heather pick up on it? It is as if this experience is already part of the new configuration or dynamic. It is perhaps an

experience that is arising at the forefront of the client's process and is simultaneously emerging in the relational process which therefore affects Heather.

This segment seems to describe three consecutive steps: first this new material is enacted by the client in the therapeutic relationship. Through her response (which happens to be a similar re-enactment) Heather becomes aware of a shift in their way of relating. Then, reflecting on her response and on the client's history, Heather makes sense of the new dynamic.

The embodied intersubjective dimension of encounter is a dimension in which client's and therapist's material is enacted through their embodied responses. The embodied dialogue is that circular process of enactments.

Segment 2

Supervision

*Whenever I'm sitting with a client
I'll have some kind of body experience
that doesn't totally make sense
and it takes a while
quite a lot of processing
to get to the point of being able to use it
that's why supervision is good
or talking to you.*

Often Heather's embodied responses are not intelligible straight away. Supervision helps convert the knowledge contained in body experiences into intelligible material that can then be used therapeutically.

Segment 3

Trance state

*I think about the embodied states I go into with clients
or the shapes I take up
as an altered state of consciousness
or a trance state*

*What can be really difficult with clients
is that we go into some intense states
and we just can't think
I can feel my body*

but my thinking goes

*It has many different ways of manifesting
it's thinking
it's embodiment
my eyes might feel weird
my head feels weird
there's a thickness
it's not necessarily that I'm less in contact with my client
I'm less in contact with my normal way of being a psychotherapist
I'm less able to pull down my theories
It's an altered state
it's not an ordinary state*

*My sense is that
going into an altered state is part of the work
that's what we need to do
it's actually how we're gathering information
about the intersubjective embodied relationship
the thing that we're in
it's how we use our relationship sensors*

*I think that's actually the work
to surrender to the trance
and to be able to move in and out of it
and to trust that we can get out of it*

For Heather, allowing herself to be affected by the encounter is part of the work. The shapes she takes with clients, the embodied states she finds herself in, the trance states she goes into are the ways in which Heather gets of a sense of the other and the relation since the shapes she takes says something about her client and the system.

‘Surrendering to the trance’ seems to mean surrendering to her pre-reflexive experience of the encounter and temporarily operating more at that level of consciousness and less on the observational reflective one. Working with trance states seems to involve the ability to operate at different levels of consciousness simultaneously or to oscillate between them.

Segment 5

It just came out of my mouth

*I had this session with a client
I just kept thinking*

*oh I'm really out of it today
I feel really useless
I feel really distant from her
something is not quite right
but it's all my fault
I didn't sleep very well last night
I'm not going to say anything
because I don't know how to share it so it would be useful*

*And then
about three quarter of the way through the session
it just came out of my mouth anyway
she must've said something that gave me a little window
I found a way to kind of say
something like
"oh that's interesting
because I've noticed myself
not quite feeling present with you
being quite distant"
and then she burst into tears
it felt the pivotal important thing
that completely changed the session
and had impact in other sessions*

*I think why I found it so hard to share
is because it's a part of her process
that she's only just getting to
she's not aware of something
so I was picking up something in the system
that said
"this is a really hard piece of communication
this is not quite conscious"*

*And then I thought
oh I said it
there's a lot in this about trust
how do we kind of sit back and trust
that we'll say and do the right thing at the right time?*

Heather does not know how to share how she is feeling with her client; she is not ready to share it. But her feeling is in fact a relational response: she is picking up on the fact that her client is not quite ready to hear her embodied response. Something in their relational process has let Heather know. Only when the relational process has moved along, only when the

client is ready, does Heather find a way to share her experience. Something in the system has changed that enables Heather to do so.

The embodied dialogue is a dimension of the engagement between therapist and client that is not always felt or consciously reflected upon. Therefore when the knowledge coming from that dimension of the encounter pierces through and emerges in the therapist's awareness it can be experienced as a surprise.

Segment 6

Wild mind

*How do you trust that in you?
[that you're going to say the right thing at the right time]*

*That's a good question
it makes me think of this concept called 'wild mind'
'wild mind' is the part of myself
that can listen to all the different parts of my experience
so it's partly my mind
but it's my body and mind working together*

*It's trusting that
listening to my belly
is as important
as listening to my head
and finding a way
to bring both those two together*

*So 'wild mind' is being intuitive and intellectual
it's tapping into a wider intelligence
or a wider process
and for me
that brings in spirituality
there's a process of creative growth
that is working inside all of us
and we
as therapists
come along and support that
for me that same intelligence*

*or creative process
is what is happening outside
that helps the daffodils to grow
is moving the weather systems
that some people might call God.*

The term 'wild' reminds me of the common way in Western philosophy of looking at body and mind in which the body represents the instinctual, pre-reflective, uncontrollable, animal side of an individual and mind means the rational, intellectual side. Besides 'wild mind' implies a mind that is embodied as opposed to a body that is emminded. So my reaction to 'wild mind' is somewhat negative at first.

However the concept described by Heather goes far beyond that duality. Heather can connect to a part of herself that is able to integrate knowledge from her embodied responses as well as her intellectual understanding of the situation. In that mode she can also tap into another source of information or knowledge which is an energy or a creative process that runs through everything and which makes everything and everyone in the world connected.

Working from that part of herself - which is perhaps a particular level of consciousness - and with the intention to pair up and be of service to her client, Heather can trust that what she does or what she says is relevant and beneficial for the client.

Segment 7 ***A stirrer, a compass***

*So would you say that that's how you work
using what's happening in the room
what's happening in the between?*

*Yes
I think one of my strengths
and probably one of my weaknesses
is that
I'm very aware of my own embodied responses to the other
I use that a lot
I'll use it as a sense of what's the timing and pace for interventions
a quite complex subtle feedback mechanism*

*of where to go and what to do really
I probably go to that more so than my concepts
I mean I did say that my thinking goes before my embodiment
probably a wiser way of doing it*

So it's like a constant compass

*Yes
a stirrer
a compass*

Through her own embodied responses, Heather has a continual sense of her client. The constant sensing and responding to the other occurring on both sides of the pair provides the therapist and client with a moment by moment update on the state of their relation. It provides them both with a 'complex subtle feedback mechanism'. Heather can use this as a compass to navigate the relation with her client. This stream of information about the situation coming from their embodied dialogue is invaluable as she cannot always rely on a cognitive understanding of it.

Segment 8

The end of the interview (coming out of the trance)

*When I'm thinking
it's a slightly altered state for me*

When you think about this topic?

*When I'm thinking and conceptualising
I've noticed that
when I'm giving theory talks
I get slightly spiny*

*You always go there
to talk about theory?*

I am not following you

*You find yourself in that state
when you talk about theory?*

*I think so yes
I think it's something interesting to unpack*

*Why would you go there
when you talk about theory?*

Why am I saying it's a trance state?

Why do you go in a trance state?

*I've just noticed
there's a slight trance state
because it feels slightly spiny
or slightly buzzy*

*And that's how it felt
at times
throughout this hour?*

*Yes
I still feel it slightly now*

Yes?

I mean it's exciting as well

Yes! But I feel a bit like that

Do you?

*I feel we're coming out of the interview
I feel I'm coming out of something*

*I use the word zone
it's like going in a zone
and coming out of it*

*That's a very parallel language isn't it?
Zone or trance*

*And it feels like
we've been somewhere
in that zone
and now we're coming out of it.*

During the last minutes of the interview the connection is breaking between us; we are both coming out of a trance and, for a moment, we cannot understand each other anymore.

Comments

Heather's young part of herself – the part that fears attack, that needs safety - deeply resonated with me. Perhaps we too had this contract that we wouldn't attack each other because I was particularly aware of how safe I felt with Heather and also particularly aware of my intention of being gentle and not attacking in any way.

Several times in the interview my thinking seemed to stop and I had to rely on my felt senses to navigate our time together. This gave me a direct sense of an important aspect of Heather's way of working which is about surrendering to her embodied states to get a sense of the dynamic relation with her clients.

In an email and after reading the segments from her interview, Heather said that she felt some uneasiness about the segment that shows our disconnection at the end: 'Coming out of the trance'. After discussing it we nevertheless agreed to keep that part as it shows an important aspect of the phenomenon being studied: as the interview came to an end, we gradually put more distance between us, our embodied boundaries changed and we became less open to each other; as our intention to be attuned to the other lessen, our communication which was effortless became difficult.

9.9.4 – Christina

Context of the interview

Christina is the fourth therapist I interview. At this stage of the process, my role as a researcher and the attitude I have in the interviews feel more familiar and therefore easier to embody. I trust that I can let myself be affected by the encounter and that relevant data will emerge from the interview.

Prior to the interview Christina asked that I read some of her work. After doing so I have mixed feelings: on one hand it may help us communicate and understand each other as I am already accustomed to her way of approaching the topic; on the other hand our encounter may be ‘contaminated’ by the understanding I have gained and the image I have created of Christina.

The interview

Segment 1

The tenderness

*I've now been dealing with this notion
of an embodied engagement
for so long
that it's very well integrated into the work that I do
so it's quite hard for me to parse it out*

*A very ordinary feeling would be
looking at young man
and feeling enormous affection
physical affection for him
and wanting somehow to convey that
the tenderness
that let's say is maternal*

*I want him to have that feeling of emotional, physical embrace
that I think he doesn't have
and then I think
in his history
there's no clinical material that tells me it doesn't exist
he doesn't have a brutalising background*

so what is this?

*How the hell am I going to convey this
because I can't say to him
"oh you know I think you're so sweet and lovely"
that's not therapy
but it happens all the time
it's part of the therapeutic dialogue.*

Christina is aware that nothing in the clinical material of this client justifies her desire to convey her feeling of tenderness. This knowledge is however overridden by another form of knowledge that makes her say: *"I want him to have that feeling of emotional, physical embrace that I think he doesn't have"*. It is the knowledge she gets from their embodied interaction that lets her know that conveying her feeling of tenderness is needed at that moment in their relating.

Christina's response to her client as well as her desire to convey the tenderness are expressions of the embodied dialogue happening between herself and her client; the embodied dialogue which is an inherent aspect of the therapeutic dialogue.

Segment 2

They reside in me somewhere

*If I take somebody on
it's serious
I have to live with them
they have to come to reside in me somewhere
in order for me
to find a place in my...
self
and to find a way of connecting with their psyche
and their physicality
and their essence
so when I take somebody on
I tend to be quite preoccupied with them in the beginning
or if I'm not
it's really a big indication.*

When Christina takes some-body on, they come to 'reside' in her. She hesitates when she tries to describe what it is her clients enter: 'self' does not seem appropriate. Christina tries her clients on. She lets them impress themselves on her to see how they feel and how she is affected by them. By finding a place for them in herself, by allowing them to superpose themselves on her, she can have a direct sense of them and their difference and can find a way to connect with them.

With this image of clients entering and residing in her, Christina points to the fluidity of therapists' embodied boundaries and the permeability of the lived body. She also describes how therapists can use themselves – their embodiment, their embodied selves - in therapy.

Segment 3

Making space / This is one for me!

*How when I don't have space [for a new client]
how is it that I do make space?
that's a very interesting question to me*

*It can't just be an interesting story
because actually everybody's story is interesting
it can't be money because...
it's not that
so then it must be to do with me
and my hope
that I can really help this person
in some way that must be personal
idiosyncratic
that I've got another bit of space for someone*

*Could you give me an example of a person you took on
when you knew you didn't have the space?*

*I took somebody who wrote a very eloquent letter
why was I seduced?
I'm not saying it's not a double seduction
because I think that
what I say in an assessment
can be as seductive as what the person says*

*Ha! Maybe it's this
it's a quality of tenderness*

*it touches me
I can so see where they could be
if they could resettle themselves inside of themselves*

*So this one woman I just took
I just thought
ok this is one for me!*

It is how she feels, how she is affected by the other – she is touched, she is seduced – that pushes Christina to make space for someone new. It is also a sense she has that there is something about herself that could help that particular client; she does not know what it is but nevertheless senses that they could be a good match. Christina trusts her sense and knowledge about the situation and does not rely on a cognitive understanding of it to make a decision.

Segment 4
The feel of something, the feel of somebody

*Do you feel you learnt how to work with your body
or it was just there?*

*I don't know
I just was terribly aware
that the body that comes into the room
has an impact on my body
and I have an impact on that body
we make assessments based on the feel of something
the feel of somebody
not because they fit the classical pattern of hysteria or something*

Both in the previous segment and this segment Christina makes a choice or assessment based on how she is affected by her client. The ‘feel of somebody’ results from all the responses Christina experiences in relation to her client; responses that can happen at one, several or all levels of experience (physical, sensory, emotional, mental, sexual, energetical...).

Using the term 'body' and 'body impacting each other' is a way to refer to the continual pre-reflective interaction between people that happen through their embodiment; interaction or embodied dialogue that can emerge in reflective consciousness and be experienced.

Segment 5

Being brought into a physical awareness of what's going on in me

*If I'm brought into a physical awareness
of what's going on in me
more than just being here talking
I think it's got something to do with what's happening in between*

*I don't have signals
there are certain therapists who feel like
they get a stomach thing
or they get a panic here
I don't have that*

So how does it come to your attention?

*It's like I said with the first example
I feel real tenderness for somebody
it's got a physicality associated with it
I feel myself almost like I want to cup*

*How did that emerge
I don't know
I know it wasn't there initially
but I know it is there
it's a gradual impression of experience
I don't know how I pick up on it
only because I'm having to reflect on it
I'm reflecting on it.*

Christina is 'brought into a physical awareness of what is going on' in her; she's called to attend to a physical response and to reflect on it. The embodied dialogue which is usually running in the background suddenly appears in the foreground and emerges in Christina's awareness. What is happening in the embodied intersubjective dimension makes itself

known. What is happening at a pre-reflective level arises in the observational reflective level of consciousness.

This suggests that therapists' reflective processing of their embodied responses is not constant and might not need to be as what is happening in the relational process makes itself known, possibly when needed. An openness to senses or material emerging in that way and an awareness that they are related to the ongoing dynamic relation might be sufficient.

Segment 6
Something is brought forward

*It's just as you are in friendships
there's something that's the same about you
but there's something that is brought forward
because of the nature of what you create together.*

The difference in a therapist's way of being, thinking or relating - that comes from relating with a particular client - is invaluable information for the therapist as it says something about the client, their way of being in the world and the kind of interpersonal dynamics they tend to create.

Segment 7
Dynamic of the interview

*You [the researcher] come in a room
I absorb certain things
but I'm not going to reflect on it
because we're not in a clinical situation
but I will have a feeling of
"oh god, this student is coming in
and I really don't like her
or I like her"
I have those feelings
but I'm not interested in them at the same level*

Christina acknowledges the embodied intersubjective dimension of our encounter. The embodied dialogue present between therapist and client is also present between us. In the context of the interview Christina chooses to not use the sense she has of me and of the encounter in the same way she would if we were in a clinical situation; her intention is different as her function is not therapeutic.

This segment shows that there are different ways to process embodied responses. Therapists adjust how much they reflect on them depending on situations. They are also possibly able to regulate how aware they are of their embodied responses.

Segment 8
Finding a physicality

*What's interesting is that
in my own biography
I never did sport at school
I always had a letter
so the fact that I found a physicality...*

*There are a lot of people who were dancers
who went into dance movement therapy
there are people who were always into the body
who went into body therapies
so it's quite funny that me
working psychoanalytically
have come into having a body*

*I think it just evolved
and having children is rather a large way to have a body*

You're so aware of that body

*And the body's capacity
I think that's interesting
for me as a therapist
that the body's capacity to give birth
give life
somewhere works into that capacity in the therapy.*

Something about the body's abilities to give birth, to create life echoes a type of processes that happen in therapy: the processes that do not require a cognitive engagement, the pre-reflective embodied relational processes, the continual sensing and responding that links therapist and client.

Christina 'found a physicality': she gradually became more aware of these processes and allowed them to inform her therapeutic work. The experience of having children was particularly relevant in finding a physicality as being pregnant and giving birth represent epitomes of these pre-reflective embodied processes.

The trust in the processes operating while being pregnant and giving birth perhaps echoes therapists' trust in their embodied responses, senses and intuitions that allow the therapist to navigate the relation with clients.

Segment 9
End of the interview

*How was it today to be here with me
to be interviewed?*

*Fine
interesting
how was it for you?*

*It was very different from the other interviews
how can I describe?
there is no separation in you...
you don't talk about a mind and a body...
it was difficult to talk about this subject*

*I know I'm sorry
I think it's the truth
it's difficult
and if I was giving a seminar
I would be talking about the body
but it's a false division
in order to try to talk about something*

*we were trying to talk about it
from the point of view of what you asked
so therefore it's very tricky*

*I think the way to go is to talk like that
from the whole person*

Well for me it is

*I think for me
that's what make sense as well
it's just how...
how to talk about it*

Comments

The interview felt difficult because, as Christina tells me at the end of the interview, it is tricky to discuss and explore this topic from an embodied intersubjective perspective without using a Cartesian dualist vocabulary.

The interview went well and rich data came out of it, I felt however that a channel of communication was not available between us. Perhaps because we had different intentions: my intention was to be as permeable as I could to get a felt sense of Christina and our relationship in order to get a context for the data. My sense is that Christina's intention, however, was to share her knowledge with me and not be too affected by our encounter. This difference in intention manifested in our embodied dialogue through a sense of distance.

9.9.5 – Rebecca

Context of the interview

I met Rebecca once before at a conference during which we talked about the topic of this research project. Rebecca was immediately enthusiastic about the project and after discussing the implications of taking part in the research she agreed to be a co-researcher.

Just before the interview, Rebecca shows me her own artwork. I am deeply touched by her work but I also find the process of getting to know her through her art a bit unsettling. When I meet Rebecca for the interview my intention is to be as open as I can; being with her and looking at her art feels like a lot to take on at once. I feel too permeable. As we start the interview I feel slightly overwhelmed.

The interview

Segment 1

What's left inside me

*It worries me
what's left inside me
and what I will become*

*Because there's an accretion of memories and experiences over time
I feel that I'm transformed
each session
you allow yourself to be used
in the service of somebody else
to some degree
you're dismantled
and put back together again differently
each time
so there's certainly a fluidity there
you have to do that but
what effects that have on you?*

Rebecca allows herself to be affected and changed by the encounters with her patients. This transformation is what allows her to get a sense of her patient. It is how she can use herself in the service of her patients or as Rebecca puts it, how her clients can make use of her.

The fluidity of the embodied self is what allows Rebecca to gather information in that, the difference she experiences in herself when in the presence of her client says something about this client and the system they are forming together.

However Rebecca raises questions about this fluidity. Is there an amount of transformation that is unsafe for therapists? Is there a point at which therapists' sense of self become compromised? If there is, how do therapists know when they reach that point?

Segment 2

An extra presence

*I know when my self-interested curiosity is aroused
that's very different from a therapeutic curiosity
it feels very different*

*I think it actually makes me be even more present
present in a conscious way*

*Normally I'm present
and working intuitively
and trusting that
if I'm thinking
or saying things
that this is about the work*

*But when I notice
"ha, here you are
this is you Rebecca coming in
interested
wanting to know"
I feel like it's an extra presence in the room
that I need to sort of show the door actually
"actually, can you leave?"*

Where does she go Rebecca?

*Back to the end of the session
when I can think to myself
"I wonder what that was"*

Rebecca makes a distinction between two different types of presence: a conscious presence - when she has to consciously manage that part of herself that is there for her own benefit - and a less conscious presence - when that part is in the background – and she works intuitively. These different parts of Rebecca seem to have different intentions: one part is here for herself and the other one is here in the service of the patient. They lead to different modes of being: herself-for-herself and herself-for-the-other. These different intentions materialise differently through her embodiment and produce different qualities of presence.

This segment suggests that therapists perhaps need to be in the mode of ‘oneself-for-the-other’ to be able to pair up with the other, to tune in with them and the intersubjective dimension of the encounter. It also suggests that therapists are able to regulate which part is put in the foreground or which mode of being they are in.

Segment 3
Heat-seeking missile

*What does it mean
when you say
“I work in an intuitive way”?*

*It's not a very satisfactory way of describing it
but I think it sums up the feeling
that I both know and don't know
what I'm doing
and what's happening*

*So trying to tune in to something
and trying to get closer and closer
to something that's important
something emerging
just having a sense of...
the most helpful
or relevant
or painful
or meaningful thing
it could be any of those
so it's like a heat-seeking missile*

I'm not trying to get anywhere in particular

*So it's not about knowing
it's about seeking.*

Working intuitively means tuning in to what is happening in the embodied intersubjective dimension of the encounter. ‘Tuning in to something’ does not mean actively looking for something but refers to the intention and process of being open to something showing itself. It involves keeping an eye on oneself, the other, the relational dynamic and atmosphere in the

room. It involves having a sort of floating attention lightly focused on the many embodied responses, processes, material emerging from the dynamic relation.

Segment 4

Apple

*The other day
I was working with somebody
she was very concerned
about whether she was able to be attuned to her son
and while she was talking
I could smell apples*

*I knew it was significant
I knew this was from her
and I hoped I would find out
I don't assume I am going to find out
because I can't ask
that would be disturbing*

*Sometimes I will say
if it seems to be coming up more between us
"oh are you smelling apples or..."*

*But usually
when I have a strong sensory experience
I don't share it
because it feels like it's a preconscious communication
where something is emergent
and usually there is a time-lapse
before it comes out from them
and all you have to do is wait*

*After ten minutes
she said that her son has been talking a lot more
and today he was saying apple*

*So I could say to her
"I think you are attuned"*

*I understood that she was attuned to her baby
because she showed me
how attuned she was
by being able to bring this experience
that was*

*I think
her child's experience*

*So she gave me some knowledge
that she was afraid to trust
she was afraid to trust her sense of being attuned with him
and I was
I think
able to help her believe it.*

The patient is carrying with them an experience in relation to their son. Without being aware of it, through their presence, they are sharing something of that experience with Rebecca. Rebecca's sensory response shows that she has picked up on it.

Because this communication happens out of awareness for the patient, the embodied responses therapists experience are difficult to share with patients since it could appear like mind reading and be disturbing for patients.

Segment 5
It's in the field between me and them

*Sometimes
when people are going to cry
I get pricks here
a few minutes before*

*How do you explain that?
How come you get this message before they do?*

*It's in the field
it's a field experience
so it is in the in-between
it's not a generalised field
it's a field in between me and them
it's sort of constellated*

Like in the previous segment, the patient is carrying with them a particular experience. Through their presence - which impacts the embodied dialogue between them, which affects

the field they co-create - they are sharing something of that experience with Rebecca. Rebecca senses a process that has already started in the client but which has not yet manifested through crying. She senses a change and recognises the physical response she tends to have when patients are about to cry.

Through their personal and professional experience Rebecca gradually gets to know her usual responses to others and situations and can use this knowledge about herself in therapy.

Segment 6

They make themselves known to me

*I think this is them [patients] putting something into me
I don't feel that it's me seeking things out
it arrives in my consciousness
or in my senses
suddenly
I'm not looking for them
they make themselves known to me*

Rebecca can access a form of knowledge about her patients and the relational process between them. The way in which she access it differs in her account, her descriptions alternate between patients putting something in the field they co-create and patients putting something into her. Either way, her experience is of something suddenly appearing in her consciousness or senses.

The embodied part of the relational process that continually runs pre-reflectively for both therapist and patient makes itself known; it suddenly appears at a different level of consciousness and demands to be taken into account or reflected upon. It arises at the observational reflective level of consciousness that can take embodied responses as object of reflection.

Segment 7

Shaking like a leaf

*Sometimes
when you're working with somebody*

*you can be affected by them over distance
the embodiment is not just in the room*

*One person came
I was shaking like a leaf before they came*

*And you had no contact
or you just had a phone contact
or email contact?*

*It probably was on the phone
I didn't make a mental note
that they had sounded anxious*

*Because I was like this [shaking]
I knew that they were terrified
so that helped me to be ready for them*

How did that help you?

*It probably made me very careful with that person
and gentle
I think they needed me to know
that for them
this was a really terrifying thing.*

Before the first appointment Rebecca interprets her physical reaction (shaking) as responding to her patient's anxiety; although she did not consciously acknowledge her patient's anxiety on the phone. Rebecca uses the knowledge she has accessed through her embodied response to adapt her approach and way of being with this patient.

In this segment the patient's embodied state is affecting the therapist's state over distance. It is as if the process of pairing up between them and the therapist's process of attuning to their patient has started through their contact over the phone and the embodied dialogue is now present between them before the appointment although they are not in the physical presence of each other.

Segment 8
Dracula and Jesus

I think it [working with patients] makes you live longer

So it feeds you

Yes! Like Dracula

It's an interesting image

*Because you're taking in the body of somebody else
and Dracula does drink the blood*

*When you're working
some of that life energy
perhaps
does get transmitted to you*

*Maybe you give something back as well
that's making me think of Jesus*

For Rebecca being a therapist involves 'taking the body of somebody else in'. This suggests that therapists can make themselves permeable to the other or adjust their embodied boundaries so patients are allowed 'in'. Said differently it suggests that therapists can adjust their embodied boundaries to allow themselves to be affected by patients. 'Taking the body of somebody else' means taking them in as a whole and experiencing them across all levels of experience (physical, emotional, energetical, mental...).

This process possibly goes both ways between therapist and patient. Perhaps patient's ability to make themselves permeable to the therapist is an important part of the therapeutic process.

Segment 9
Enactment

*You don't have to interpret everything
that happens in a therapy
just having it happen
might be enough*

*So the whole idea of it being enacted
it's the actual doing of it
and that takes place physically*

*I suppose
what you said
about me not separating body and mind
is what embodiment means*

*Instead of something that is not of the body
getting put into the body
or enacted by the body
actually it's already the body
it's the body and the mind together
where everything happens
so that's actually quite a helpful thought to me.*

A layer of the therapeutic process happens through enactments from both therapist and patient. The embodied dialogue is a process made of the circular back and forth of enactments between them. Therapists' and patients' embodied responses constitutes these enactments.

Comments

A lot of the transformations and exchanges that happen through the embodied intersubjective dimension occur pre-reflectively and through enactments. Not all material can be processed or reflected upon. This perspective raises important questions about the therapeutic encounter: can the level of transformation therapists go through be harmful to them? And how, as therapists, can we be sure that we are working ethically and not harming or taking advantage of our clients?

After the interview I felt particularly tired. My way of inhabiting my body and my perception of reality felt unfamiliar. I experienced myself as slightly fragmented, as if I could see things from different places at the same time. It took a couple of hours for me to feel like myself again.

9.9.6 – Maureen

Context of the interview

Before the interview I am keen to meet Maureen and get a sense of her way of practicing as I know she works using different forms of therapy (including psychotherapy and cranio-sacral therapy). I am wondering if the embodied dialogue between therapist and client is a common ground for these different therapies.

As we sit down to start the interview Maureen seems a bit worried. She mentions the recording devices. I tell her that I will send her segments of our conversation that she will be able to edit or remove. After this moment of hesitation, the conversation about the topic starts spontaneously and I feel that we quickly enter a comfortable space together.

The interview

Segment 1

Working with the field

*If I'm listening and talking with psychotherapy
if I have hands on with craniosacral
if I'm doing transpersonal hypnotherapy
all of these are in the same territory
I don't see them as completely different ways of working at all
they all involve...
it's working with the field*

*So as we sit together
I'm sensing what's happened to the field
what does it feel like?
what's that sense?
and working with intuition really*

*I'm predominantly an intuitive
whether the intuition is more sensate
so you arrive as a client
you say you're feeling fine
I start getting a headache
I didn't have a headache a few seconds ago
I then begin to wonder whether you have a headache
so that the sensate*

And there can be an emotional one

*suddenly I feel sad
or feel grief*

*There's the mental one
I would see an image
in front of my eyes
suddenly
it wasn't there before
and there it is*

*Or I'll hear a sound
hear a word*

*Or there might be just direct intuition
of something being in the room*

But all of this needs a container.

An aspect of Maureen's work involves being attuned to the changes in the field; it involves sensing what is happening to the embodied intersubjective matrix co-created by therapist and client. The intuitions – or embodied responses - Maureen gets from sensing the field happen at different levels of experience: they can be sensate, emotional, mental or sensory.

Maureen also describes another form of intuition, a 'direct intuition', which seems to refer to the experience of accessing a piece of information or knowledge. Maureen describes a direct form of knowing, one that is not emotionally, physically or mentally mediated and which seems to constitute an additional level of experience.

Segment 2

Intention and Perception

*What happens in the field
is a question of perception
what is valid about it
in our work
is that it's always a consensus somehow
I find that
I don't have a perception
that's wildly different from the person I'm sitting with
which I might do
if I went to a concert*

*or an art gallery
I might go with somebody
we might view something in a completely different way
but in the therapeutic space
as a therapist
you already have the intention of tuning in with that person
so you're not two completely disparate people entering the room
because that's your function
your function is to be there with that person
so that's the bit you bring to it
so that's different than two friends going to an event together
where they may or may not agree
it's a completely different intention.*

For Maureen, it is the function of the therapist to pair up with clients and to be there with the intention of being of service to them. By pairing up with clients Maureen can incorporate her clients' way of inhabiting the world and embody it alongside her own. It is possibly this process of pairing up or tuning in to the client's world, way of being in the world and openness that allows therapist and client to have a shared perception of what is happening between and around them - to share a similar reality.

Segment 3

The journalist / Sensing someone's intention

*I once had a journalist
who didn't declare she was a journalist
she came for a session
and about halfway through
I asked her why she'd come
because
although she was a nice person
and she genuinely had something she'd brought
I could sense that the relationship wasn't quite...
there was something different about it*

*Then we talked about it
and that was fine
I gave her the session
and I did say that if she wrote anything
I'd appreciate seeing it*

I guess now

*we're sitting together
I'm realising that I could tell*

*How?
How did you feel?*

*I don't know if it was always a feeling response
I think it was almost a more mental response*

*It would be rather like
as a musician
the difference between playing in a church
and playing in a sports hall
in the sports hall
it goes 'clunk'
it's not built for sound
the sound will just drop
it doesn't ring*

*When there is not a good resonance
I feel that more with people's thought
or their intention
I feel it more mentally.*

Through the quality of their embodied dialogue, through the type of resonance she experiences, Maureen gets a sense of her client's intention. So by being in the presence of her client and through her response, Maureen accesses a form of knowledge about her client. It is a kind of knowledge that is uncertain at first; Maureen knows something is different about their relating and about her client's intention but she does not know what it is exactly. Her sense becomes intellectually intelligible when she asks her client.

Segment 4 ***The transpersonal***

*So
for me
I hope that the wise part of me
will get together with the wise part of you
and with any luck*

*we get out of the way
something beyond will be coming through the personal*

*If you think of horizontal and vertical
so if we are doing purely functional counselling
we are working horizontally
you say something
I listen
I say something back
you listen
we talk
there might be transference
but it's all very much on the horizontal*

*If you bring in the transpersonal element
there is a higher level of consciousness in the room
which we may have more or less access to*

*There's a lovely Sufi saying
'the stones bang up against each other
but aromas, odours, blend'*

*And the phenomenon [embodied intersubjectivity] is more there
with that mixing
with the aromas?*

*It's all of it
you see this is the difficulty of language
we start trying to separate things
I think that it's a continuum
all of it is needed
my idea is that it works all the way through*

*I mean
we came into this room
we have an exchange of a few words
and as we're doing so
I'm feeling the energy field in the room
and by the time we sat down
I do have a felt sense
I wouldn't say it's only in my body
only emotional
only mental
it's on all the levels*

*It is for me
because of the way I'm built
but not everybody would describe it that way*

Maureen distinguishes between two kinds of engagement with her clients: an horizontal form of relating in which the embodied boundaries of therapists and clients seem well defined and fixed; a vertical form of relating which involves a higher level of consciousness and a form of presence in which the limits between self and other are blurred, allowing therapist and client to mix and impress themselves on each other.

‘The transpersonal’ seems to describe a level of consciousness that does not need an involvement and processing from the self; a level in which therapist and client are linked through their reciprocal sensing-responding. This segment suggests that Maureen can operate at different levels of consciousness simultaneously: at the pre-reflective level just described (the vertical) but also at the observational reflective level in which the self is reflectively aware of itself (the horizontal).

Maureen’s felt sense of someone or of a situation is made of the many senses she gets from different levels of experience (sensate, emotional, mental...) as well as from different levels of consciousness. Maureen knows that she tends to experience things on all levels but suggests that other therapists experience things differently. What therapists are able to experience, how they experience it is idiosyncratic; the way they are ‘built’ (which includes their genetic make-up, education, past experiences, history of inhabiting their body and world...) affects how they tend to experience the world.

Segment 5 **Chronic fatigue**

*I was working with a client
who had severe chronic fatigue
she'd sit down
and I'd start feeling sleepy
I'd find it very difficult to keep my eyes open at all
she would go
the next person would come
and I'd be wide-awake*

*After a few sessions like this
I sort of said
because my eyes were dropping
you do have to say something*

*And it's now my experience
when I go sleepy
that usually
there's something very unconscious in the room
it's very often an atmosphere of some kind
that travels with that person*

*When we talked about it
the lethargy she felt
she started naming a fog
there was a stool nearby
so I invited her to put the fog on the stool
when she did that
we both felt much brighter*

*Then she started to dialogue with the fog
it turned out it was the family atmosphere
and her childhood
which had been very difficult
and heavy*

*So that was an example of sensing the field
and yielding a very specific and useful result
and something I could share with the client*

In the presence of a client who experiences a feeling of lethargy, Maureen experiences a similar feeling. This repeated response directs Maureen's attention to an experience that perhaps is relevant to explore as part of the therapeutic process. Maureen shares her response which leads her client to further explore important material. This is an example of how therapists can use themselves in the therapeutic encounter and how their embodied responses can serve as a compass to navigate the relation with their clients.

I wonder if this segment also describes a process in which the client, with their presence, brings a piece of information or experience that needs to go 'through' the therapist. By going through the therapist this experience is transformed into something that then allows the client to explore it; or perhaps by going through the therapist something changes in the system they

co-create that then allows the client to explore this material. So possibly, in either of these scenarios, there is not always a need for the therapist to offer their experience back verbally; just them experiencing it might be enough to support the client.

Segment 6

The intuition is more reliable

*I can make a case for something
I can then make the opposite case
I'm quite good at that
and so therefore
for me
the intuition is more reliable.*

The process of reflecting and understanding involve mainly conscious cognitive abilities whereas having an intuition is the result of multiple simultaneous processes, many of them happening pre-reflectively, that allow the therapist to take into account information from all levels of experience and therefore from a wider range of sources.

Segment 7

Never know better, never know first

*I might sit with you
we're talking
and I suddenly find myself looking
it's a slightly out of focus gaze
it's a little bit trance like
and then I might see a small child
and I think
ok so how old is that child?
about five
now is what you're talking about something to do with being about five?*

But I never offer it directly

*I was about to ask
when do you bring it*

and how?

*Barbara Somers
with whom I trained
quoted Jung
“never know better, never know first”*

*So I usually hold it
and see if the person is about to come to that themselves*

*Or I would offer it to one side so to speak
I'm not saying
“I have seen this”
I would never do that
but I will say
“I have just seen something in my mind's eye
I've had a little thought
I'm wondering how this strikes you
does this make sense to you?”
which gives that person a chance to say
“no I don't think so”
and then we drop it*

*Also I might be wrong
all I can do is offer it
but very often
I'll hold something for quite some time
and sometimes
if you simply hold it in your consciousness
it comes anyway*

*It's one of the phenomena of supervision too
I'm in peer supervision with some colleagues
often if you talk it over
you're in a sense holding it in the light together
by the time the client appears again
already something shifted*

*And so mostly
I don't say things rather than say them.*

If Maureen chooses to share her intuition, she does so ‘on the side’ which means she offers it as a possibility for the client to consider but never as a truth about the client’s situation.

Maureen says however that she usually does not need to share her intuition as clients will often bring it up if she holds it in her consciousness. So why does Maureen have access to a piece of knowledge before it enters the client's awareness? Does she need to get it first for the client to be able to bring it up? Perhaps Maureen processes the material in some way so as to transform it into something tolerable to the client. Or maybe it is the way in which Maureen is affected by the new material that changes the field which then in turn changes the client; so in this scenario it is not the material itself that is changed but Maureen's openness. The client can then mirror that openness.

A related phenomenon happens in supervision. Maureen talks about a client with colleagues; she is affected and changed by the discussion. When she meets with her client again, her shift has already affected the relation with her client. Maureen's new openness has affected her client. It is as if Maureen and her client are connected somehow and a change in one element of the system has led to a change in the system as well as a change for the other element of the pair. It is as if Maureen and her client do not need to be in the presence of each other to affect each other.

Segment 8

Memory and shared experiences

*Somebody turned up recently
about twenty years later
and if you ask me about that person
I think
oh what can I remember?*

*They arrived
sit down
zing it's all there!
It all comes back*

How does it work?

*I can only think that this energy field
that we only perceive in fragments
it is all literally here in some form*

how?

*I would need to be an advanced physicist to be able to explain that to you
but it is the case*

*Do you think there's a trace in you?
Not only something you pick up
but do you think people leave a trace in you?*

*As you say that
it doesn't feel quite right in that form
I don't feel I'm left with something from them
but we have had a shared experience
and that information
is in the shared experience*

*When you've met
you've created a shape
and you remember that shape*

*You're carrying that shape
well
you were part of it*

It's not in you

*I don't think so
I think it's more that we carry our shared experience*

Shared experiences are not inside the therapist or the client but held by both; each member of the pair is holding a part of the configuration they co-create. As soon as the pair is re-united, the full configuration is re-created and these experiences suddenly arrive into the therapist's awareness and are remembered.

Segment 9

Being left with something / Supervision

*I think you can be left with something
if you are
chances are that
it has some resonance
with an experience of your own
it usually gets hooked in*

*Then you need just to look
and that's where the idea of supervision is so important
because you have a chance to talk to somebody
and as you are telling the story
then you suddenly think
ok there is that bit of me*

*I was working with somebody recently
in their early twenties
I found this person quite difficult
and then I remembered myself at that age
once I got that
then there wasn't a difficulty with that person anymore
I just tripped up with something of my own
and interestingly
she became more open after that too
so I suspect that
the work I did on myself also helped her.*

When her client's experience echoes one of her own, Maureen can feel as if she is 'left with something'. By becoming aware and working on the experience that has been activated, Maureen changes her own personal process which in turn affects the relational process with her client. Maureen also suggests that her new openness and understanding of her own experience probably allowed her client to gain a new openness in relation to her experience.

This segment shows that a lot of what occurs in therapy and the ways in which therapists and clients affect each other happens at this embodied, pre-reflective and non-verbal level. It also points to the importance of therapists continually attending to their own experiences and process through therapy and supervision so as to be as aware as they can of themselves; this

in order to know what they bring to the encounter but also to be sensitive to the ways in which they are affected by clients.

Segment 10

The sense of the feeling in the room

*The information doesn't always come
and I don't look for it
these intuitive things
they just come when they're needed
and if you ask me how do I know that
I don't know they're needed
they just come so clearly
for some reason the information is needed in that form
sometimes I don't need it at all
it doesn't happen*

*But
always
there's a sense of the feeling in the room
that's always there
it would be like we can't live without gravity
I couldn't do this work without the sense of that...
whatever it is in the room.*

Maureen accesses information when needed. By manifesting itself through intuitions that suddenly emerge in the therapist's awareness, the relational process could be seen as having a direction and intention of its own. Possibly it is the level of the relational process that is pre-reflective, co-created and which does not require any active conscious involvement of the self that is experienced as having an agency of its own; its manifestations are experienced as being out of the therapist's control. To go even further, maybe it is not just experienced as such but there actually is 'no one' in control at that level of interaction.

Maureen describes another sense – the sense of the feeling in the room - as a stream of information that is always accessible and which perhaps refers to the part of the embodied dialogue that can always be felt and reflected upon.

So Maureen describes two ways through which she can have a sense of what is happening between her and her client: through intuitions which seems to be an embodied pre-reflective process that she becomes aware of only when the intuition emerges in her awareness; and

through the sense of the feeling in the room which is a process that can continually be felt and kept in her awareness.

Segment 11

The end of the interview

*The last thing I would like to ask you is
how was it for you
to be interviewed
to talk about these phenomena?*

*Oh no it's fine
as long as I can just talk in this way*

*You were worried it would be...
I wouldn't ask questions?*

*No
my concern...
because you say you are a psychotherapist
but there are many different kinds of psychotherapists
so my concern would be to talk with somebody
who'd be very analytical
and doing a lot of research
and then would we find a common language*

I'm not coming from that place

*Yes I realised when Elise said that you'd had [cranio-sacral] treatments
or I think you told me actually
then I thought
well ok if you've had treatment we've got some common ground.*

Comments

A lot of what Maureen brought during our meeting is considered new age or paranormal by mainstream science and modern society; hence her concerns about not being understood or perhaps having to defend her views in the interview. But most of what Maureen described resonated with me. I felt inspired by her approach to her work as well as by how she uses the field as the ground for her practice.

Although I sensed Maureen's concerns at the start of the interview, I misunderstood the reasons until she explained them to me at the end of the interview. This shows that the kind of knowledge that is accessible through embodied senses is reliable in that I could feel Maureen was worried but it is also uncertain and might need exploring to be fully intelligible.

I left the interview with a feeling of having been recognised and accepted. I also had a very enjoyable sense that, through the concept of the field, we are not isolated entities inaccessible to each other and disconnected from our world.

Meeting Maureen made me think that I 'lost my way' earlier in my life and started to rely less on my senses as a compass to navigate the world; maybe part of my journey with this project was about remembering this dimension of myself.

9.9.7 – Bianca

Context of the interview

As opposed to previous interviews which occurred in co-researchers' therapy rooms, Bianca and I meet in my consulting room. We spend some time talking together before the interview. I feel that Bianca is taking the time to get a sense of who I am; also she comes straight from work and perhaps needs a transition period before starting the interview. I quickly feel at ease with Bianca and feel friendly towards her.

The interview

Segment 1

Embodied intersubjective processes

*I was thinking about
what are the main embodied processes
intersubjective processes
that happen
when there is a relationship developing*

*Things that come up
when I am with a client
are...
kinaesthetic empathy
somatic countertransference
synchronicity
I am not sure if it is synchronicity or resonance*

*Somatic countertransference
it's the moment where
I really feel exactly
well exactly
nobody knows but
a very similar physical response
to the one the client is having
so they say
"oh I have a pain in my right kidney"
and I will really feel that*

*The kinaesthetic empathy is a bit different
it's when I can physically empathise with the other person
it's not necessarily the same feeling
in the same part of the body
it's an emotional response
empathic but kinaesthetically
in my body
which can be the energy field
I can feel it energetically
I can feel it also as a sensation
as a more physical sensation
like a tingling
like a tension
or like a release
literally my gut moves*

Like when you can hear you belly go 'clucluclucluclu'?

Exactly

*And the energy field
how would that feel?*

*How do you say in English 'carnal'?
not as fleshy
it's not like feeling in the body
it's much more subtle
it's as if something moves
but it's in between*

*Ok
what the other one
resonance?*

*Resonance
I don't know if its resonance or synchronicity
because it feels like both
what happens to me
quite a lot
is that I...
it's almost an anticipation
I am working with someone
who is moving
and out of the blue
I feel
let's say my liver
and the second after
or two seconds after
the person goes and puts their hand on the liver*

*How can this happen?
the sense of anticipation
that my body is picking up at times
I find that really mysterious*

How do you...

*I don't have a clue
I don't know*

*It's almost like it's out there
for you to pick it up
before the person does it*

*It's something about the energy
the energy field
I don't have any explanations*

Bianca describes three embodied intersubjective phenomena that can happen in her work with clients as her relationship with them develop:

1. The experience of having a similar physical response to the one her client is currently having:

Through sensing her own response, through sensing herself, Bianca can get a sense of what is happening for her client. Bianca knows when her response is mirroring something of her client's experience.

2. The experience of empathising with her client which manifests through a physical response or through a more subtle sense of what is happening energetically between them:

Bianca's description of her experience of empathising shows the impossibility of neatly categorising embodied responses using a specific level of experience; in her account she describes a response that is felt both emotionally and physically. Also Bianca's sense of what is happening 'in between' is a response that she experiences energetically; experience which seems to constitute a different level of experience in itself.

3. The experience of anticipating what the focus of her client's next movement will be before it happens:

Through their embodied dialogue, through her attunement with her client, Bianca gets a sense of her client's process. The client's next movement is perhaps already between them; it has started already, it is however not yet visible but Bianca can sense it. Experientially it feels like being able to anticipate what is going to happen next but possibly Bianca is picking up something that is already happening and in the system her and her client form.

Segment 2

Permeability

*When I have a very strong feeling in my body
out of the blue and very strong
I feel pain in my shoulder
and the person starts to move their shoulders
I think it's something about permeability*

*When you say permeability...
would it be the same as merging?*

*No it's not
because it's very clear that the sensation I have
comes out of the blue
and it's not mine
and then when the movement happens
in the mover, in the client
my energy changes*

*I don't merge psychologically
or emotionally
with what I have experienced
I just receive it
then it just goes and continues
the movement and the relationship continues
whatever is happening continues*

In being permeable Bianca is affected moment by moment by her client and the relation; it is what allows her to tune in to them and the relational process.

The sensation of pain in her shoulder is Bianca's response to a process that has already started for her client, a process that is already affecting their embodied dialogue but has however not yet manifested through a movement in the client.

Therapists possibly experience a continuous flow of senses, intuitions and ideas in relation to their clients. However not all of these responses are important for the therapeutic process and not all of them need to be reflected upon or shared with clients.

Segment 3

Changing the dial of my permeability

*At the beginning it was much more difficult
I suffered quite a lot at the hospital where I work
because I was very permeable*

*I learnt the hard way
I really merged with a lot of unconscious stuff from clients
physically
and I started to see shadows
or I'd be at home
and feeling a client coming next to me
they were with me
they went under my skin*

*Now I am much more solid
I think there's something about permeability
my embodied boundaries change with the client
I've learnt how to protect myself a bit better
particularly working with acute mentally unwell clients*

*But at the hospital I really suffered
because of that openness
I was too permeable to the countertransference
I was partly identifying with the clients*

In what way did you suffer?

*I just completely merged
not completely
because I didn't have a psychotic breakdown
but I think I colluded with a lot of the hopelessness
and I was hopeless most of the time
putting on weight
things that had never happened to me before
putting on ten kilos and not realising
being at home just trying to disembody myself
trying to cut myself off from my body
it took me a long time to realise*

How did you realise what was going on?

*My supervisor
and my therapist
they helped me change the dial of my permeability!
instead of ten maybe five*

In this segment Bianca suggests that there are different degrees of permeability and that it is possible to adjust the degree to which therapists are open or porous to the other. By adjusting their embodied boundaries therapists can regulate how much they are affected by clients.

There are degrees of permeability that allow Bianca to have a sense of her clients but not merge with them. But there are degrees of permeability in which the boundaries between self and other become so unclear that the feelings Bianca picks up from her clients partly becomes her experience, her feelings. These degrees of permeability lead to a diminished sense of self and create a situation in which it becomes difficult to distinguish between what is the therapist's and what is the client's.

This segment also suggests that Bianca knows at a pre-reflective level of consciousness that that she is 'too' affected by her clients because she tries to numb how much she feels through eating more. Therapy and supervision possibly helped her by bringing these experiences into a more reflective level of consciousness, allowing her to find more intentional ways to adjust how much she is affected by clients.

Segment 4 ***Processing through movement***

*It's easier for me now to say
this belongs to me
this doesn't belong to me
and sometimes it belongs to both
something I am picking up is part of my own process as well*

*But I find that breathing
meditation
really help me
it really helps me stay with whatever comes up
have more clarity
it helps me process the remaining of the day*

You do it every day?

*Almost everyday
or movement
it depends how I feel
if I feel I took on maybe too much
I would try to process it somehow
not processing intellectually
sometimes it's easy
I can process it intellectually
but the material I am picking up is so much non-verbal
that I have to just kind of trust that...*

That your movements will do that?

Well yes

*So you can process things through movement
you trust that your body will do what it needs to do*

Yes

*That your body knows
it knows how to process things*

*Sometimes it doesn't process it all
it moves something
sometimes things become very clear in my mind as well
sometimes it does and I feel better
something is resolved
well not resolved
processed.*

Bianca sometimes feels that she has taken on too much. It is as if she is left with something: material that can belong to her client, to herself or to both. Either way she feels that she needs

to ‘process’ it. Processing seems to mean that this material needs to be digested or at least digested further, moved along, transformed. This processing can happen intellectually by reflecting and further understanding a specific experience or it can happen through movement, particularly when the material is non-verbal.

Movement seems to support a process that is inherently at play within human beings: a process of integration and incorporation of new experiences within the network of all our experiences or the process of integration and incorporation of old experiences but in a new way. Moving appears as a way of organising experiences that is embodied and pre-reflective and does not require cognitive thinking but can however have an impact on reflective understanding. So in describing movement as a process that affects matter and meaning, this segment suggests that our embodiment is what anchors us in the world in a material-semiotic way.

Segment 5

The end of the interview

*One last thing I want to ask you is
how was it to do the interview
to be with me?*

*I feel comfortable
and I feel it was an exchange
not like question – answer
like a dialogue
it makes me feel comfortable
I think it makes it more relational
more organic
and I can see your interest in this field*

*For me it was important to do it like that
because that phenomenon we are talking about
it’s happening here at the same time
so I wanted space for that
if I’d had questions
a set of questions
it would have been a different kind of relationship*

a more structured one

Structured
yes
quite determined.

Comments

There is a drop in energy towards the end of the interview. Bianca tells me that she feels tired after her day working at the hospital.

I enjoy Bianca's presence during our meeting, something about her authenticity, openness and great humbleness touches me. Bianca is as expressive through her presence as through her words. Several times during our encounter I feel that a video recording would have perhaps suited her more. Interestingly, as Bianca is leaving, she asks me about video recording and tells me "I could show you with movement how clients feel".